

**A SWOT (STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS)
ANALYSIS ON THE USE OF FOCAL PERSONS AS A MAINSTREAMING
STRATEGY IN COMBATING HIV AND AIDS IN THE PUBLIC SERVICE OF
NAMIBIA**

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DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously, in its entirety or in part, submitted it at any university for a degree.

Signature:

Date:

ABSTRACT

The main objective of the study was to analyse the current situation with regard to the strengths, weaknesses, opportunities and threats relating to the use of focal persons as one of the strategies used in HIV and Aids mainstreaming strategy in combating HIV and Aids in the Public Service of Namibia.

Quantitative data was collected from questionnaires while the interview technique was used to collect qualitative data. A purposive sampling method was used to select 28 focal persons in the Public Service of Namibia for the questionnaires and out of 28 focal persons; seven were randomly selected for the interviews.

Among findings in the study, seven of the respondents were nominated by their respective offices, ministries and agencies to serve as focal persons; five as chairpersons and focal persons at the same time. Out of 22 respondents, eighteen attained tertiary educational qualifications while four attained secondary educational qualifications only. Eleven of the respondents were nominated to serve; two applied; three volunteered to serve; and six were either acting or were not officially nominated to serve in HIV and Aids positions. In addition to their official positions, thirteen focal persons were assigned additional duties or activities relating to the coordination of HIV and AIDS mainstreaming programme, making it more difficult to carry out such activities. The study also found that eleven of the respondents had good support and commitment from their management; however nine indicated that they had no specific budget line for combating HIV and Aids in their offices, ministries and agencies.

The study concludes that attributes such as the level of educational qualifications, knowledge and experience in HIV and Aids matter. However job grading, type of appointment and unavailability of time to coordinate HIV and Aids mainstreaming programmes are weakening the strategy. Furthermore, the study concluded that external attributes to focal persons such as access to educational opportunities, high grading of chairpersons of ministerial HIV and Aids committees, availability of terms of reference, management interest in HIV and Aids programmes, focal persons' access to management, physical facilities and HIV and Aids related

information can be of great help the focal persons in coordinating HIV and Aids programmes effectively. Moreover, the study concluded that poor management involvement in HIV and Aids programmes and poor involvement of focal persons in budget formulation, focal persons' inaccessibility to financial resources are threatening the use of focal persons in the Public Service of Namibia. The study recommends that gender balance amongst HIV and Aids focal persons in the Public Service of Namibia should be considered in all offices, ministries and agencies. Adequate funding of HIV and Aids programmes, ongoing commitment from leadership, upgrading of the position of focal persons were also recommended to ensure effective coordination of the mainstreaming strategy.

OPSOMMING

Die hoofdoel van die studie was om die huidige situasie te ontleed met betrekking tot die sterkpunte, swakpunte, geleenthede en bedreigings rakende die gebruik van fokuspersone, as strategiese middel om MIV en Vigs in die Openbare Dienste van Namibië te bekamp.

Inhoudsdata was bekom deur vooraf voltooide vraelyste terwyl kwaliteitsinligting deur onderhoudsvoering ingesamel is. 'n Doelbewuste toets-metode is gebruik waarin agt-en-twintig fokuspersone in die Openbare Dienste van Namibië vir die vooropgestelde vraelyste gekies is en hieruit is sewe gekies vir inderhoude.

Van die bevindinge was dat sewe van die gekose respondente nominasies deur hul plaaslike kantore, ministeries en agentskappe gedoen is waarvan vyf persone as beide voorsitters en fokuspersone moes optree. Van die gekose twee-en-twintig respondente was agttien in besit van tersiële kwalifikasies en vier het slegs sekondêre opleiding gehad. Elf van die respondente was genomineer om te dien, twee om aan te bied, drie om vrywillige diens te lewer en ses was óf deelyds óf nie amptelik genomineer om op die MIV en Vigs komitee te dien. Behalwe hul amptelike posisies, is van dertien van hierdie persone verwag om bykomende diens en aktiwiteite ten opsigte van die ko-ordinasie van die MIV en Vigs hoofstroom programme te behartig wat dit moeiliker maak om sodanige aktiwiteite uit te voer. Die studie het ook gevind dat elf van die respondente bystand van hul beheerliggame gehad het hoewel nege aangedui het dat hulle nie spesifieke finansiële bystand gekry het om MIV en Vigs in hul kantore, ministeries en agentskappe te bekamp nie.

Die studie het bevind dat akademiese opleiding, ondervinding en kennis in die veld van MIV en Vigs belangrik is. Daar is ook gevind dat werkgradering, klassifisering van aanstellings en veral die tekort aan tyd daartoe bygedra het tot die verswakking van die program. Dis ook bevind dat eksterne voordele soos toegang tot akademiese opleidingsgeleenthede, hoë gradering van voorsitters in ministeriële komitees aangaande MIV en Vigs, beskikbaarheid in terme van naslaanwerk, belangstelling van beheerliggame, fisiese fasiliteite en inligting beskikbaar oor MIV en Vigs programme tot groot hulp kan wees vir die ko-ordinering daarvan. Dis ook bevind

dat swak betrokkenheid van beheerliggame in die MIV en Vigs programme en swak betrokkenheid in die opstelling van fondse vir hulpmiddele deur fokuspersone, ontoeganklikheid tot finansiële fasiliteite die betrokkenheid van die fokuspersoon bedreig in die Openbare Dienste van Namibië. Een van die voorstelle is dat die geslagsbalans in die kies van MIV en Vigs fokus persone in die Openbare Dienste van Namibië in alle kantore, ministeries en agentskappe hersien word. Genoegsame fondse vir MIV en Vigs programme, volkome oorgawe en samewerking van leierskap en opgradering van fokuspersone se posisies word ook aanbeveel om sodoende effektiewe ko-ordinasie van hoofstroom aktiwiteite te verseker.

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TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION.....	1
1.1. BACKGROUND OF THE PROBLEM.....	1
1.2. STATEMENT OF THE PROBLEM.....	2
1.3. RESEARCH QUESTIONS	3
1.4. AIMS AND OBJECTIVES OF THE STUDY	4
1.5. SIGNIFICANCE OF THE STUDY.....	4
1.6. DELIMITATION.....	4
1.7. DEFINITION OF KEY TERMS	5
CHAPTER 2: LITERATURE REVIEW.....	7
2.1. INTRODUCTION	7
2.2. SWOT ANALYSIS	7
2.3. HIV AND AIDS MAINSTREAMING	8
2.4. THE USE OF FOCAL PERSONS IN HIV AND AIDS MAINSTREAMING	9
2.5. CONCLUSION.....	11
CHAPTER 3: RESEARCH METHODOLOGY.....	12
3.1. INTRODUCTION	12
3.2. RESEARCH DESIGN	12
3.3. POPULATION SIZE	13
3.4. SAMPLING PROCEDURES	13
3.5. DATA COLLECTION	14
3.6. DATA ANALYSIS.....	16
3.7. CONCLUSION.....	16
CHAPTER 4: PRESENTATION AND DISCUSSION OF THE FINDINGS	17
4.1. INTRODUCTION	17
4.2. DATA PRESENTATION AND DISCUSSION	17
4.2.1. QUANTITATIVE DATA.....	18
4.2.1.1. PROFILES OF THE RESPONDENTS.....	18
4.2.1.2. SWOT ANALYSIS	23
4.2.1.2.1. STRENGTHS	24

4.2.1.2.2. WEAKNESSES.....	27
4.1.2.1.3. OPPORTUNITIES	30
4.1.2.1.4. THREATS	41
SWOT SUMMARY	46
4.2.2. QUALITATIVE DATA.....	47
4.3. CONCLUSION.....	49
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS	50
5.1. INTRODUCTION	50
5.2. BRIEF SUMMARY OF THE STUDY	50
5.3. CONCLUSIONS DRAWN FROM ANALYSIS	51
5.4. RECOMMENDATIONS.....	52
CHAPTER 6: LIST OF REFERENCES	54
APPENDICE A: ETHICAL DOCUMENTATION.....	56
APPENDICE B: QUESTIONNAIRE	57

LIST OF FIGURES

Figure 1: Focal persons by gender	18
Figure 2: Focal persons by age groups	19
Figure 3: Focal persons by HIV and Aids titles.....	20
Figure 4: Focal persons by appointment criteria.....	21
Figure 5: Focal persons by number of years in the HIV and Aids position.....	22
Figure 6: Focal persons by number of years in the OMAs	23
Figure 7: HIV and Aids knowledge	24
Figure 8: HIV and Aids experience	25
Figure 9: Level of educational qualifications obtained.....	26
Figure 10: Focal persons by job grading.....	28
Figure 11: Type of appointment	29
Figure 12: Time available for focal coordinate HIV and Aids programmes	30
Figure 13: Access to educational opportunities	31
Figure 14: Availability of terms of reference	33
Figure 15: Management support and commitment towards HIV and Aids	34
Figure 16: Management's interest in HIV and Aids matters.....	36
Figure 17: Access to management	37
Figure 18: Specific budget for HIV and Aids.....	38
Figure 19: Recognition by other staff members	40
Figure 20: Access to information relating to HIV and Aids.....	41
Figure 21: Management involvement in combating of HIV and Aids	42
Figure 22: Focal persons' involvement in budget formulation.....	43
Figure 23: Focal persons' access to financial resources.....	44
Figure 24: SWOT Summary	46

LIST OF TABLES

Table 1: Job grading of members of HIV and Aids committees	32
Table 2: Access to physical facilities.....	39
Table 3: Implementation of HIV and AIDS workplace programs.....	45

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Disease Syndrome
HIV	Human Immunodeficiency Virus
MAAIF	Ugandan Ministry of Agriculture, Animal Industries and Fisheries
MAFF	Ugandan Ministry of Agriculture, Fisheries and Forestry
MoA	Zambian Ministry of Agriculture
MoE	Ministry of Education
MTP III	Third Medium Term Plan
OMA	Office/Ministries/Agencies
OPM	Office of the Prime Minister
SWOT	Strengths, Weaknesses, Opportunities and Threats
UNAIDS	Joint United Nations Programme on HIV/AIDS

CHAPTER 1: INTRODUCTION

1.1. BACKGROUND OF THE PROBLEM

Over the last few years, there has been increasing talk within governments, multi- and bilateral organisations, and development organisations of “mainstreaming AIDS” into all sectors, and of “taking a multi-sectoral approach to AIDS” (Mullins, 2002).

One of the first steps that many government sectors take in starting to mainstream HIV and Aids programmes is to nominate focal persons who have the responsibility of acting as catalysts to mainstream activities related to HIV and Aids within their departments and/or sectors. The number and level of the focal persons vary from country to country. A focal person may be responsible for peer interaction, condom distribution, counselling, distributing information on community resources and monitoring ministry activities.

The Government of the Republic of Namibia (GRN) has demonstrated the willingness to expand both political and financial resources to respond to the fight against HIV and Aids pandemic. The national effort to act against HIV is rooted in the Namibian Constitution, which addresses the issue as one involving human rights. The national AIDS response is further guided by five-year strategic frameworks (Medium Term Plans of the Government of which its current framework runs from 2004 to 2009). This framework paved the way for the country’s National Policy on HIV and Aids.

The Third National Strategic Plan on HIV and AIDS (MTPIII) provides the guiding framework of the multi-sectoral HIV and Aids response in Namibia. This dictates certain areas of responsibilities for the Office of the Prime Minister (OPM), being the Lead Agency within the Public Service Coordination Sector. Consequently, the OPM HIV and Aids Unit was established to ensure that firstly all Government Offices, Ministries and Agencies (OMA) have comprehensive HIV and Aids Workplace Programmes and secondly to ensure the systematic mainstreaming of HIV and Aids into the core functions of all sectors.

The latter implies that the OPM HIV and Aids Unit leads, coordinates and supports the development of sectoral HIV and Aids programmes and policies. It also assists with the implementation thereof and provides ongoing technical support and supervision, monitoring and evaluation of sectoral HIV and Aids programmes and activities. The Unit also provides public information on HIV and Aids related issues and ensures accountability from the public sector to implement HIV and Aids workplace programmes (Government of the Republic of Namibia, 2004). To support the process of mainstreaming, the coordination of HIV and AIDS in the Public Service of Namibia is undertaken in collaboration with focal persons in all 28 Government OMAs.

The National AIDS Committee is the highest policy-making body providing national leadership on HIV and Aids in Namibia. Other bodies include the National Multi-sectoral AIDS Coordination Committee (multi-sectoral response) and the National AIDS Executive Committee (implementation across the board) (UNAIDS, 2007).

1.2. STATEMENT OF THE PROBLEM

Nomination of focal persons is regarded as one of the key elements of HIV and Aids mainstreaming. Moreover, the use of focal persons is not only popular in mainstreaming HIV and Aids but it has also been used in the case of gender mainstreaming. Ironically, focal persons often prove to be less effective than hoped. Among the reasons for this are insufficient clarity about their roles; lack of support and skills development; insufficient time and resources to do their work; and lack of influence within the organisation. Overall, there is also the problem that the expectations of what can be achieved by focal persons may be unrealistic.

Challenges facing focal persons in government institutions around the world are said to be considerable. Many of these challenges are similar to the constraints faced by focal persons attempting to mainstream gender within government sectors. In many cases, these challenges have proved insurmountable and have resulted in very little progress in gender mainstreaming (Derbyshire, 2002).

Focal persons are faced with challenges that hinder them from successfully implementing the mainstreaming of HIV and Aids programmes in their respective offices, ministries and agencies. Such challenges include:

- lower level of authority,
- lack of access to decision makers,
- insufficient or unclear budget allocation,
- lack of relevant experience and knowledge,
- lack of educational qualifications and opportunities,
- lack of legal framework and inadequate mandate to deal with the subject matter (Else & Kutengule, 2003)

1.3. RESEARCH QUESTIONS

The Public Service of Namibia has nominated focal persons as a mainstreaming strategy in combating HIV and Aids in the OMAs, however, challenges associated with such practice is unknown. Certainly, this state of affairs raises five key questions that this study will try to answer. These questions focus mainly on the capacity of focal persons to carry out their duties as well as issues relating to the environment where they are functioning. These questions are as follows:

- a) What are the strengths of the focal persons?
- b) What are the weaknesses of the focal persons?
- c) What are the opportunities of the focal persons?
- d) What are the threats that hinder the success of the focal persons?
- e) How could these threats and weaknesses be overcome by the Public Service of Namibia and other stakeholders?

1.4. AIMS AND OBJECTIVES OF THE STUDY

The main objectives of the study are:

- 1) To analyse the current situation with regard to the strengths, weaknesses, opportunities and threats relating to the use of focal persons as one of the strategies used in HIV and Aids mainstreaming in the Public Service of Namibia.
- 2) To suggest possible recommendations to shape the future of the use of focal persons in addressing HIV and Aids mainstreaming within the Public Service of Namibia.

1.5. SIGNIFICANCE OF THE STUDY

The results of this study should be useful in many ways. Most importantly, the study of this nature will enhance the understanding of various offices, ministries and agencies (OMAs) in Namibia and other stakeholders of the challenges hindering the successful implementation of the HIV and Aids mainstreaming programmes in the public sector. The study will also provide insight into possible solutions to the challenges facing the HIV and Aids focal persons. Above all, this study sets the stage for further research on the same area.

1.6. DELIMITATION

The study targeted 28 HIV and Aids focal persons in all government OMAs. Six (6) focal persons from different OMAs could not participate in the study because of other job related commitments outside Windhoek during the period when this study was carried out. The target population therefore became 22 focal persons out of the total number of 28 focal persons that were initially targeted.

1.7. DEFINITION OF KEY TERMS

The key concepts used in this study and some suggested definitions are outlined below:

Focal persons: These are persons appointed in each offices, ministries and agencies to coordinate and ensure the implementation of HIV and Aids mainstreaming programmes in the Public Service of Namibia.

Mainstreaming: Mainstreaming HIV and Aids is the process of analysing how HIV and Aids impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage (Else & Kutengule, 2003). Essentially, mainstreaming involves a change process that challenges an organization's capacity to adjust and improve its performance. Essential factors for a sustained and effective process include: ongoing commitment from leadership and involvement of all levels; adequate technical support to facilitate the process and develop capacity; mobilization of additional resources, including funding; and on-going learning (UNAIDS, 2004-2005).

SWOT analysis: SWOT analysis is an analytical and strategic planning tool often used in a participatory planning approach. Originally, the method was developed for strategic planning for marketing purposes. SWOT is only a tool in a planning process and has to be based on a sound knowledge of the present situation and trends. The outputs of a SWOT analysis are structured basic information, a common understanding of reality and a set of common strategic options. The four main components of SWOT are:

- a **strength** is defined as any internal asset of know-how, technology, motivation and entrepreneurial spirit, finance, business links, etc... which can help to exploit opportunities and to fight off threats,
- a **weakness** is an internal condition or any internal deficit which endangers the competitive position of a region or hampers the exploitation of opportunities,

- an **opportunity** is any external circumstance or characteristic which favours the demand of the region or where the region is enjoying a competitive advantage,
- a **threat** is a challenge of an unfavourable trend or of any external circumstance which will unfavourably influence the position of the region.

Windhoek: the capital city of Namibia and it is where the study was conducted.

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

This chapter sets out to review literature related to SWOT analysis on the use of focal persons as a mainstreaming strategy of combating HIV and Aids. The review of the literature enabled the researcher to have insight into how other authors looked at the problem before, thus forming the basis on which to compare the researcher's understanding of the problem with that of other authorities. Most importantly, the review of the literature helped the researcher to have an informed starting point and purposeful direction to the study. This chapter will therefore review literature concerning the following areas.

- (a) SWOT analysis
- (b) HIV and AIDS mainstreaming
- (c) Use of focal persons in HIV and Aids mainstreaming

2.2. SWOT ANALYSIS

According to (Certo, 2000), SWOT analysis is a strategic development tool that matches internal organisational strengths and weaknesses with the external opportunities and threats. It is based on the assumption that if managers carefully review such strengths, weaknesses, opportunities and threats, a useful strategy for accomplishing set objectives will be evident to them.

SWOT is an acronym to describe particular strengths, weaknesses, opportunities and threats. SWOT analysis provides mechanisms for systematic thinking through the extent to which organisation can cope with the environment. This tool (SWOT analysis) requires an understanding of the environment in which organisations and individuals are

operating and the resource capacities available for them to articulate their duties efficiently and effectively (Kaplan & Norton, 1996).

In addition, (Kaplan & Norton, 1996) stated that the procedure in SWOT analysis is to initially identify the current strategy of the organisation and then examine the key changes in the organisation's environment. Once this is done, the next step is to identify the key capabilities (strengths) and weaknesses (key limitations). These then need to be included in the organisation's strategic planning. Examples of strengths include; committed employees, supportive top management, new equipment and operational planning.

2.3. HIV AND AIDS MAINSTREAMING

The term "mainstreaming" surfaced in the late 1960s to 1970s within the education sector to describe classrooms where all boys and girls received the same education regardless of mental or physical capacity. The goal of these mainstreamed classrooms was ultimately to provide the same education in various ways to suit these different needs and abilities, ensuring that all have equal access. Through mainstreaming, the education sector has undergone many modifications to its practices including creating policies to support students, new administrative practices and new methods of training teachers (UNAIDS, 2002).

The goal of mainstreaming HIV and Aids into development and humanitarian work at sectoral, institutional and community levels is to ensure that the impacts of HIV and Aids are addressed and also to create and implement preventative policies and strategies. The mainstreaming of HIV and Aids is intended to assist individuals to move beyond the mentality of "business as usual" and to address the epidemic in a strategic way in all sectors, both inside their own organizations and more widely in the communities they serve (Government of Ethiopia, 2003).

Mainstreaming starts from the analysis of the purpose, mandate and routine functions of an institution and involves integrating activities of combating HIV and Aids while also looking holistically at the work of the organisation and reducing its vulnerability to HIV and Aids. Through mainstreaming, HIV and Aids becomes aligned with the core business of the organisation rather than becoming an ‘add-on’.

2.4. THE USE OF FOCAL PERSONS IN HIV AND AIDS MAINSTREAMING

A study dealing with the policy framework on managing HIV and Aids in the South African Public Service identified main issues relating to HIV and Aids co-ordinators and committees as seniority, authority; experience, knowledge, training and workload. These issues were identified as the main stumbling blocks to the effective implementation of policies, because the junior public officials lacked the knowledge and experience to create an effective strategy and action plan within a reasonable timeframe. The study also found that certain members of the Senior Management (SMS) avoided the responsibilities and workload associated with managing HIV and Aids by simply appointing junior members to address the issues (Public Service Commission, 2006).

In a different publication, it was found that in carrying out their duties, focal persons face a number of constraints ranging from the expectation that existing job responsibilities will continue unchanged while new responsibilities of combating HIV and AIDS are assumed; irregular access to senior decision-makers; lack of budget; lack of opportunities to keep up with current issues relevant to AIDS and the workplace; and extensive amounts of time devoted to problems and other issues (Rau, 2004).

Similarly, HIV and Aids focal persons in the Zambian Ministry of Agriculture (MoA) have had a limited impact in mitigating capacity loss. Their technical know-how on HIV and Aids was reported to be in need of improvement and their activities in need of evaluation and adjustment (Kamwanga et al, 2000).

In Uganda, the Ministry of Agriculture, Fisheries and Forestry (MAFF) Aids Control Programme encountered key constraints to the successful use of focal persons as the absence of a mandate on HIV and Aids; the absence of political backing for the HIV and Aids focal persons and for the HIV and Aids Committee; the fact that the HIV and Aids Committee is composed of staff from various departments within MAFF who have other responsibilities and therefore limited time to devote to HIV and Aids activities; and lack of resources, and particularly a budget for HIV and Aids initiatives (Topouzis, 2003).

UNAIDS noted that some of the key constraints to mainstreaming HIV and Aids in the ministry include the absence of commitment and support from some heads of departments; the absence of funds; and the brevity of the mainstreaming study (limited to about a year). In the case of Uganda, the HIV and Aids mainstreaming exercise was perceived to be an “added-on” activity rather than an attempt to integrate HIV in MoA programmes. UNAIDS further noted that in practice, these focal persons or units often lack the time and support to be effective. Adequate technical assistance is often hard to access, and tools are of limited use unless they are slotted into a process of developing capacity and implementing change. In highly affected nations, these problems are compounded by the fact that Aids is reducing the overall capacity and performance of many institutions (UNAIDS, 2004-2005).

On the other hand, public sector agencies often find that naming “focal persons” for HIV and Aids was insufficient in itself to establish agency commitment, prepare programs for funding, and implement funding commitments. Instead, agencies should complement focal persons by hiring consultants in whom they have confidence to do a ‘social assessment’ of the impact of HIV and Aids on agency staff, their families, and agency clients. This would then, through a process of participation and consultation, result in the preparation of implementation programs that would often be executed by contracting specialized firms.

Interestingly, it has been also found that most Ministries of Education (MOEs) that are active in Mainstreaming AIDS Programmes (MAPs) depend on focal persons that usually

do not have the administrative authority and standing or adequate resources to perform their tasks (Bakilana et al, 2005).

Understandably, some of the studies consulted have highlighted factors that contribute to the successful use of focal persons as a strategy in HIV and Aids mainstreaming. These successes have been achieved mainly as a result of confronting the identified challenges. In Uganda for example, HIV and Aids mainstreaming in the Ministry of Agriculture, Animal Industries and Fisheries (MAAIF), has been largely successful due to the following reasons: a) the manager of the unit has been actively involved in the national AIDS Control Programme since 1994; b) a number of senior staff members of the MAAIF have also been involved in the development of the Ministry's strategic plan for the expanded national response to HIV and Aids; and c) each MAAIF department has a focal person responsible for the HIV and Aids programme (Topouzis, 2003).

Despite constraints, working as an HIV and Aids focal person can be both challenging and worthwhile. HIV and Aids focal persons may get a high level of exposure to decision makers and implementers, throughout the sector, not only donors, NGOs and researchers. Also there are opportunities for building personal capacity, particularly improving interpersonal communication, strategic thinking and influencing skills including opportunities for travelling worldwide (Elsey & Kutengule, 2003).

2.5. CONCLUSION

This chapter dealt with the theoretical framework of the study and gave an in-depth understanding of SWOT analysis, HIV and Aids mainstreaming and the use of focal persons in HIV and Aids mainstreaming as the key variables in this study. The next chapter outlines the design of the research and the methodology used in this study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter deals with the methodology used during the course of this study. An attempt has been made to describe and justify the research design used and the procedures used in data collection. The instruments for data collection will also be outlined in this chapter.

3.2. RESEARCH DESIGN

According to (Heppner, 1992:19), a research design is a plan or structure for an investigation. It is a set of plans and procedures that reduce error and simultaneously help the researcher to obtain data about isolated variables of interest. This study was primarily based on the qualitative research design. (McCleod, 1994) defines qualitative research as "... a process of systematic enquiry into meanings which people employ to make sense of their experience and guide their actions".

Based on theoretical and conceptual framework, Creswell (2003:185) says, "the idea behind qualitative research is to purposefully select participants or sites that will best help the researcher understand the problem, understand the research question as well as find answers to the research questions in order to meet the research objectives". In this regard, a SWOT survey which is considered to be a highly effective way of identifying strengths and weaknesses (existing conditions) and also opportunities and threats (possible future conditions) was used for the purpose of this study. Qualitative data focuses on experiences and feelings rather than facts, subjectivity rather than objectivity and its concerns are precisely those excluded from the scientific method (Herbert, 1993).

However, a methodological triangulation was used in this study because, research that collects only quantitative data often provides an incomplete analysis or picture of the phenomenon, event, or situation being investigated and that the addition of the qualitative

data provides an added level of understanding (Patton, 1990). Data triangulation was used to analyse the data in order to ensure that the study was undertaken and understood from more than one point of departure. For example quantitative research emphasises on the use of numerical measurement and places great premium on objectivity and reliability of findings (Creswell, 2003).

3.3. POPULATION SIZE

The population in this study was drawn from the 28 offices, ministries and agencies (OMAs) in the Public Service of Namibia. Even though the Public Service of Namibia comprises of about 84,000 civil servants, only 28 civil servants were nominated to coordinate the mainstreaming strategy of combating HIV and Aids in 28 OMAs. The 28 OMAs are all based in Windhoek. The target population of this study was therefore 28 HIV and Aids focal persons in the Public Service of Namibia that are nominated to coordinate HIV and Aids mainstreaming programmes.

3.4. SAMPLING PROCEDURES

Babbie (1992:232) defines a sample as, "... a special subset of a population observed for a purpose of making inferences about the nature of the population itself". It provides a representation of the total population.

On the other hand, purposive sampling is described as the type of sampling that depends on the judgement of the researcher, in that a sample is composed of elements which contain the most characteristics, representative or typical attributes to the population (Singleton, 1988). Purposive sampling was therefore selected because it is one of the most common sampling strategies that group participants according to pre-selected criteria relevant to a particular research question. Consequently, purposive sample of 28 HIV and AIDS focal persons in the Public Service of Namibia was selected as part of the study.

From the 28 respondents, seven (7) were randomly selected for the interviews. The random selection of the interviewees was regardless of the respondent's experience, age, sex, professional and academic qualifications.

3.5. DATA COLLECTION

The questionnaire and the interview were the major instruments used by the researcher in collecting data in this study. These instruments were chosen by the researcher because they are capable of eliciting similar and accurate information if well administered. In this study, some sets of questions were used for the questionnaire and for interviewing purposes. This was done in order to probe further and validate the information obtained through the questionnaire.

The questionnaire technique was chosen as a research instrument because of the following advantages:

- (a) It is self-administered
- (b) It is relatively economic
- (c) Has standardised questions
- (d) Can ensure anonymity

On the other hand, the questionnaire presents a number of problems. For example, Tuckman (1978:196) says, "questionnaires do not probe the respondents if they either give an inadequate answer or an interesting one which needs explanation". The other weakness of the questionnaire is that there is no guarantee that the respondent is the targeted one; hence the researcher has no control over who completed the questionnaire.

Owing to the highlighted limitations of questionnaires, structured interviews were also carried out. The advantages of interviews are that:

- (a) Sufficient information can be collected from the respondents
- (b) During the interview, the interviewer can rephrase questions for clarity to the respondents
- (c) The interviewer has access not only to what people say but how they really say it.

However, since the two techniques were used together, those disadvantages in one technique were cancelled by the advantages in another.

This research was conducted with the approval of the HIV and Aids Unit in the Office of the Prime Minister as shown in **Appendix A**. The study questionnaire included three main sections: (1) the profile of the focal persons; (2) a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis relating to the education, working experience of focal persons, enabling environment and general issues; (3) qualitative questions focusing on issues and challenges facing the focal persons as well as proposed changes they would like to see as they carry out their duties. The questionnaire is shown in **Appendix B**.

With the assistance of the HV and Aids Unit in the Office of the Prime Minister, questionnaires were distributed to 28 focal persons representing 28 OMAs in the Public Service of Namibia. The distribution of questionnaires was done during the first week of October 2007. Study questionnaires were initially distributed to all focal persons for them to complete online, however, due to some technical problems experienced by some focal persons with their internet, similar, but printed questionnaires were redistributed in person to all focal persons.

Data gathering was closed at the end of November, 2007. The questionnaire was anonymous in such a way that respondents were not required to provide their names. It was the researcher's promise to both the OPM and focal persons that the identity of

respondents would not be disclosed and the information was only to be used for study purposes.

3.6. DATA ANALYSIS

The data collected was analysed in the form of figures and tables. Footnote explanations were given on the figures and tables. An Excel Data Analysis tool was the most suitable for the use of converting data into numerical indices and as this can be presented both in summary, tabulation and graphical presentations. The qualitative data was captured onto MS Word files and analysed through qualitative data analysis techniques. After completion of the quantitative and qualitative data analyses the results were interpreted and used as a basis to draft the study report.

3.7. CONCLUSION

This chapter was concerned with the research methodology. A brief description of the research design, the population and the sampling technique used in this study was given. Data collection and the instruments of collecting the data were also highlighted. The next chapter focuses on data presentation and discussion.

CHAPTER 4: PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1. INTRODUCTION

This chapter presents the findings and discussion of the study based upon the quantitative and qualitative analysis conducted. Primary data were collected using questionnaires and face to face interviews. The quantitative analysis entailed a SWOT (strengths, weaknesses, opportunities and threats) analysis. The qualitative analysis on the other hand dealt with issues and challenges faced by HIV and Aids focal persons in the Public Service of Namibia.

The strengths, weaknesses, opportunities and threats relating to the use of focal persons as the mainstreaming strategy of HIV and Aids in the Public Service of Namibia were examined within four main factors, which are important to the effective implementation of many programs namely:

- Knowledge and Work experience
- Education
- Enabling environment
- General issues

4.2. DATA PRESENTATION AND DISCUSSION

The findings are presented in figures and tables and are analysed and interpreted in the form of written description.

4.2.1. QUANTITATIVE DATA

4.2.1.1. PROFILES OF THE RESPONDENTS

The study targeted 28 HIV and Aids focal persons in all government offices, ministries and agencies (OMAs). Six (6) of the focal persons from different OMAs could not participate in the study because of other job related commitments outside Windhoek, during the period when this study was carried out. Therefore, only a total of 22 focal persons participated in the study. Figures 1-6 present the profiles of these respondents in terms of gender, age, HIV and Aids titles, appointment criteria and length of service in HIV and Aids positions and as well as their length of service in OMAs.

Figure 1: Focal persons by gender

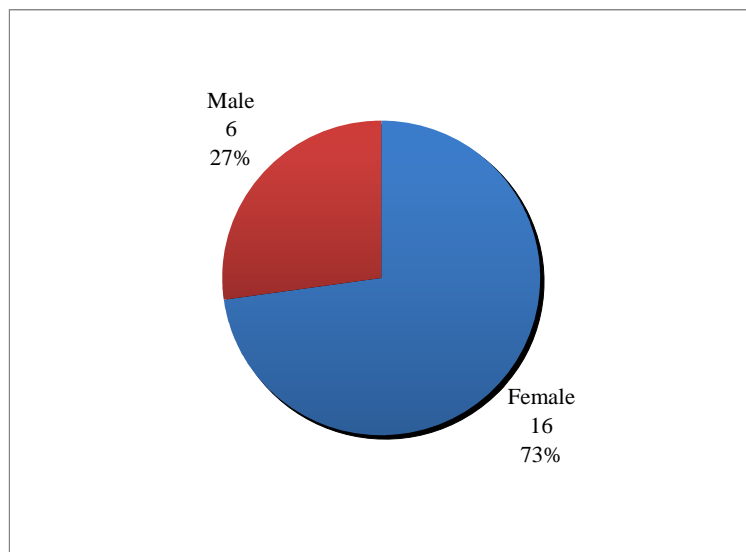


Figure 1 shows that 16, (73%) of respondents were women compared to only 6, (27%) men. This shows that as far as the use of focal persons as a mainstreaming strategy in combating HIV and Aids in the Public Service of Namibia is concerned, women were on the forefront. This is an unfortunate situation given the fact that effective HIV and Aids

mitigation efforts require a balanced participation and meaningful involvement by both men and women (Jackson, 2002).

Figure 2: Focal persons by age groups

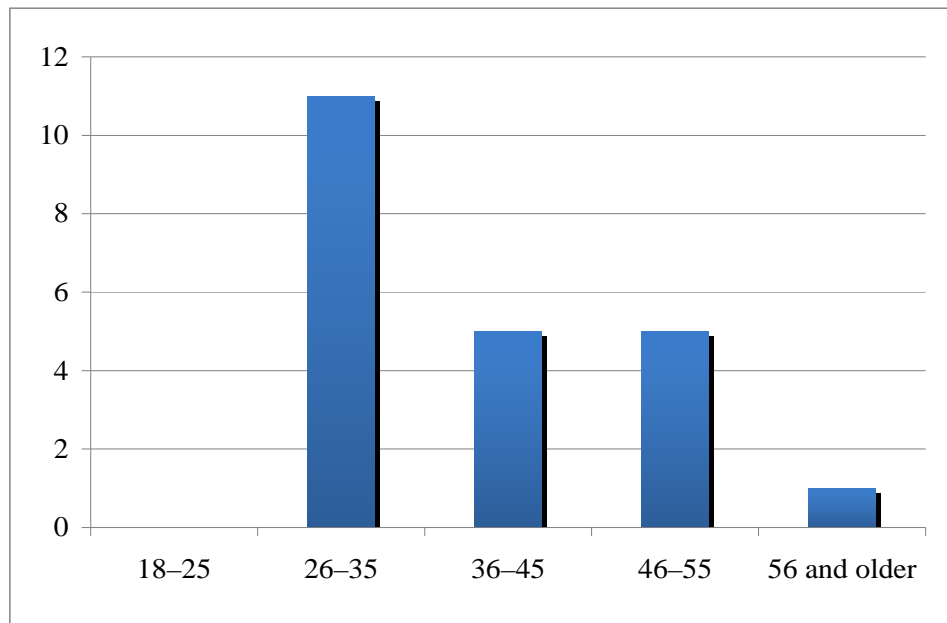
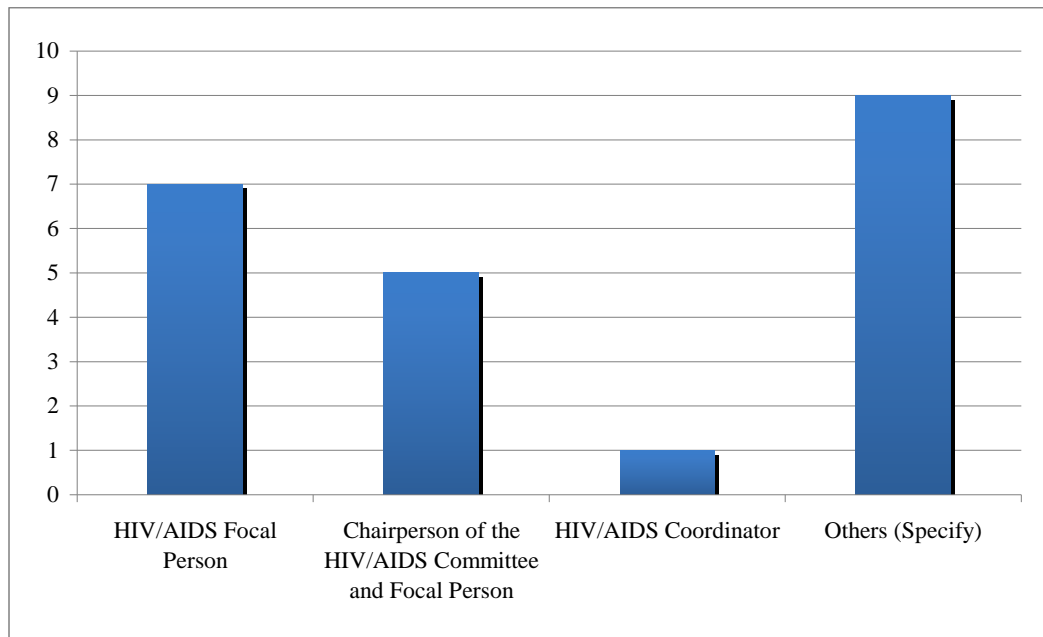


Figure 2 shows that half of the respondents are in the age group of 26-35; followed by 46-55 age groups.

Figure 3: Focal persons by HIV and Aids titles



Even though all respondents were charged with the responsibility of coordinating activities relating to the combating of HIV and Aids within their respective OMAs, Figure 3 above shows that respondents had different titles. Of the total number of respondents, seven (7) were nominated by their respective OMAs as focal persons; five (5) as chairpersons of HIV and Aids committees and focal persons at the same time and only one (1) was nominated as HIV and Aids coordinator.

Figure 4: Focal persons by appointment criteria

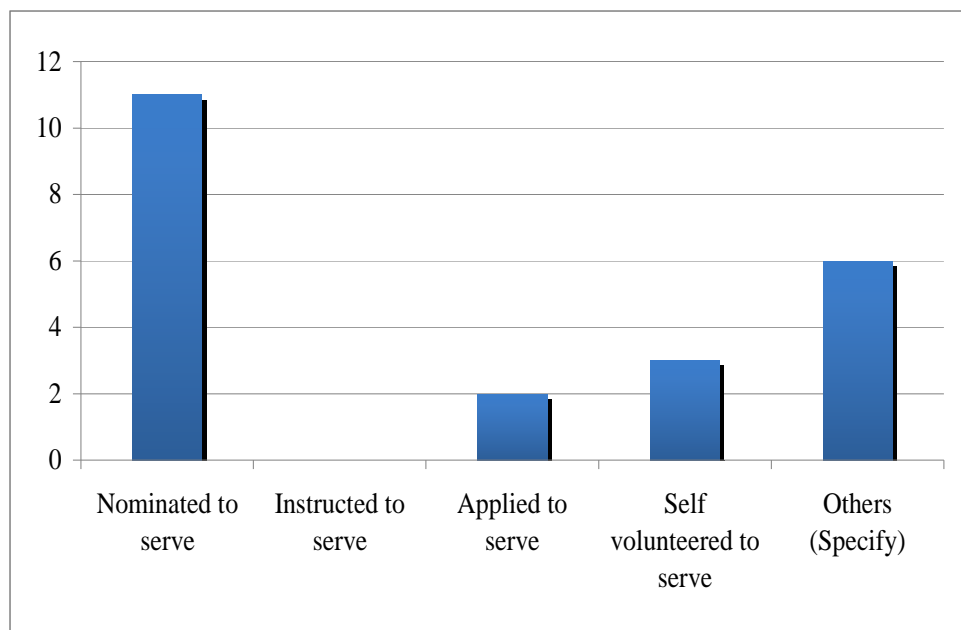
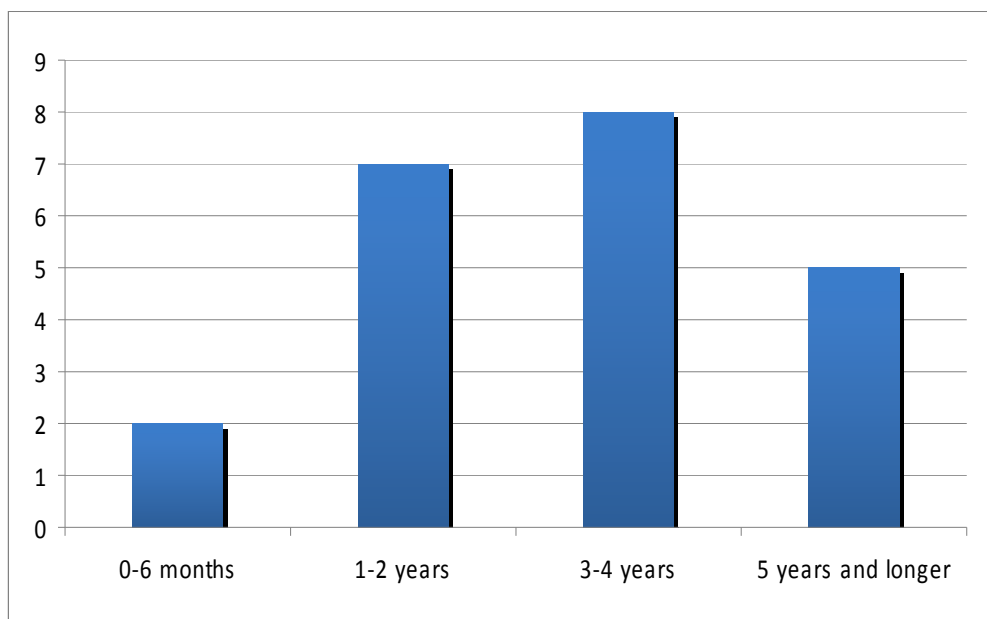


Figure 4, shows that half of the total respondents were nominated to serve; while two (2) and three (3) respondents applied and volunteered to serve in HIV and Aids positions. Six (6) of the respondents were either acting or were not officially nominated to serve in HIV and Aids positions.

Figure 5: Focal persons by number of years in the HIV and Aids position



As it can be seen in Figure 5, five (5) and eight (8) of the respondents have worked in HIV and Aids positions for 5 years and longer and 3-4 years; while the remaining two (2) and seven (7) respondents have only worked for 0-6 months and 1-2 years respectively.

Figure 6: Focal persons by number of years in the OMAs

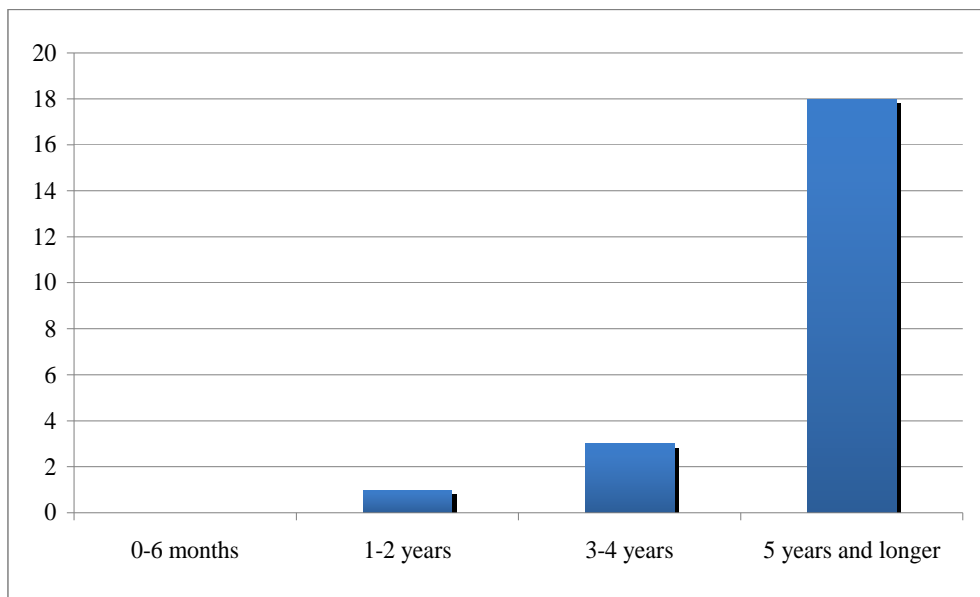


Figure 6, indicates that eighteen (18) of the respondents have worked in their OMAs for more than five years and longer; while three (3) respondents have worked for three (3) years and longer; and only one (1) has worked for a period between 1-2 years. This state of affairs suggests a wealth of experience among the HIV and Aids focal persons in the Public Service of Namibia.

4.2.1.2. SWOT ANALYSIS

In the world of business, strengths can be any internal asset such as motivation, technology, finance, which will help to exploit opportunities and to fight off threats. A weakness can be understood as internal deficits hindering the organization in meeting demands. An opportunity is defined as any external circumstance or trend that favours the demand for an organization's specific competence. A threat, on the other hand, is a challenge posed by an unfavourable trend or development in the environment (Horn, et al., 1994).

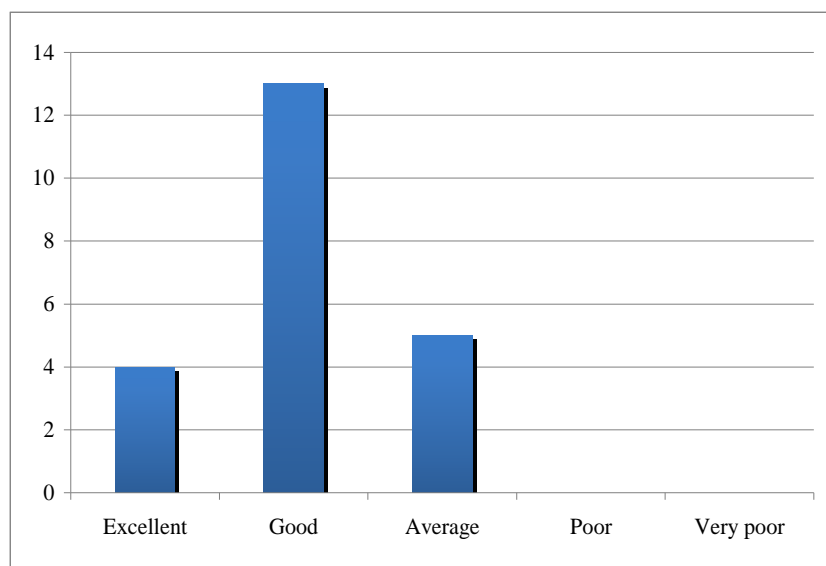
4.2.1.2.1. STRENGTHS

Strengths are attributes of the organisation that are helpful to achieving the objective of the organisation. This study finds a number of such attributes amongst HIV and Aids focal persons and these are presented in the Figures 7 to 9.

i) Focal persons' knowledge about HIV and Aids

The implementation of the mainstreaming strategy in combating HIV and Aids requires someone with a better understanding and knowledge of various issues, particularly those related to the pandemic and its management. In this case, knowledge about HIV and Aids management in the workplace, particularly in the Public Service of Namibia is very crucial if effective implementation of the use of focal persons as a mainstreaming strategy in combating HIV and Aids is to take place. A question was therefore posed to focal persons to self rate their level of knowledge with regard to basic information about HIV and Aids in general, as well as its management in the Public Service of Namibia in particular. Figure 7 below present the responses from focal persons as follow:

Figure 7: HIV and Aids knowledge

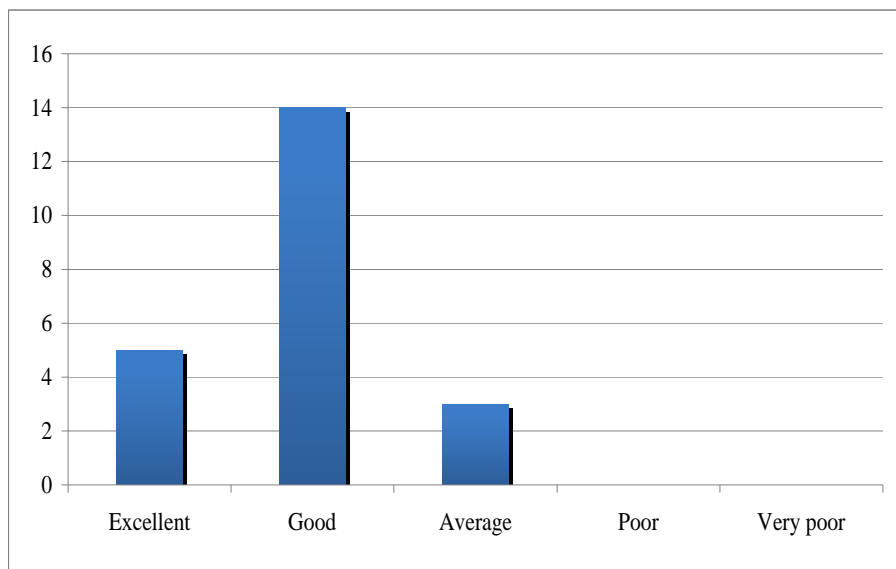


As indicated in Figure 7, (thirteen) 13 respondents rated their knowledge about HIV and Aids as good and at least four (4) rated their knowledge as excellent. Five (5) of the respondents however rated their knowledge as average. The number of “good and excellent rates” in this figure represents strength in terms of HIV and Aids knowledge among focal persons in the Public Service of Namibia.

ii) **Focal persons’ experience in HIV and Aids matters**

Experience is an important requirement in any given task or responsibility because, people who have experiences in a particular task have a chance of fulfilling it better than those who do not have it. Experience in HIV and Aids matters is also important for the effective implementation of the mainstreaming strategy. It can be acquired through practice or through observing others over a period of time. Respondents were asked to self-rate their level of experiences in dealing with HIV and Aids matters. Figure 8 below presents the responses from the focal persons as follow:

Figure 8: HIV and Aids experience

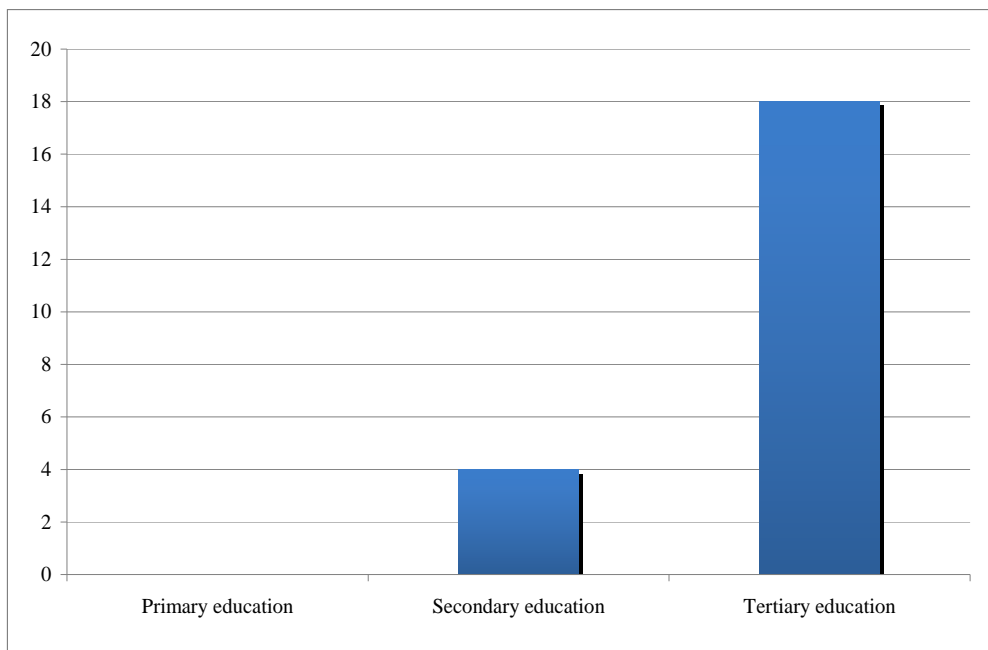


A total of fourteen (14) respondents rated their experiences in dealing with HIV and Aids matters as good; while five (5) of the respondents rated their experiences as excellent. Three (3) of the respondents however rated their experiences as average. The number of “good and excellent rates” in this figure also represents strength in terms of HIV and Aids experiences among focal persons in the Public Service of Namibia.

iii) Focal persons’ educational qualifications

Education is generally regarded as a key to many opportunities – it is a key to knowledge, experience and effective implementation of programmes. In this context, the researcher had a particular interest to find out the level of educational qualifications obtained by focal persons and thereby determining whether they are in a good position to understand the complexity of HIV and Aids. Respondents were asked to indicate their educational qualifications and Figure 9 below presents responses to that question.

Figure 9: Level of educational qualifications obtained



As it can be seen in Figure 9, eighteen (18) of the respondents obtained tertiary educational qualifications compared to four (4) who only obtained secondary educational qualifications. This figure also represents a strength that forms a basis for a quick understanding of HIV and Aids related technical development by focal persons.

4.2.1.2.2. WEAKNESSES

Weaknesses are internal attributes that can be harmful to achieving the objective of the organisation. In the context of this study, weaknesses are those conditions that can prevent focal persons from effectively implementing the mainstreaming strategy. This study finds three weaknesses; these are: the lower job grading of focal persons, the type of appointment and time available for focal persons to coordinate the mainstreaming strategy of combating HIV and Aids in the Public Service of Namibia. Responses as presented in Figures 10-12 below.

i) Focal persons' job grading

Nomination or appointment of junior staff members to coordinate HIV and Aids is identified as one of the main stumbling blocks to the effective implementation of policies, because the junior public officials lacked the knowledge and experience to create an effective strategy and action plan within a reasonable time (Public Service Commission, 2006). There are five (5) job categories in the Public Service of Namibia; namely: Grade 1 (lowest job category); Grade 2-SP2 (still below management); Grade 3-SP3 (middle management job category); Grade 4-6 (top management job category). In an attempt to find out whether the job grading of focal persons in the Public Service of Namibia present strength or weakness, the researcher asked respondents to indicate their job grading. Responses obtained for this question are presented in Figure 10 below:

Figure 10: Focal persons by job grading

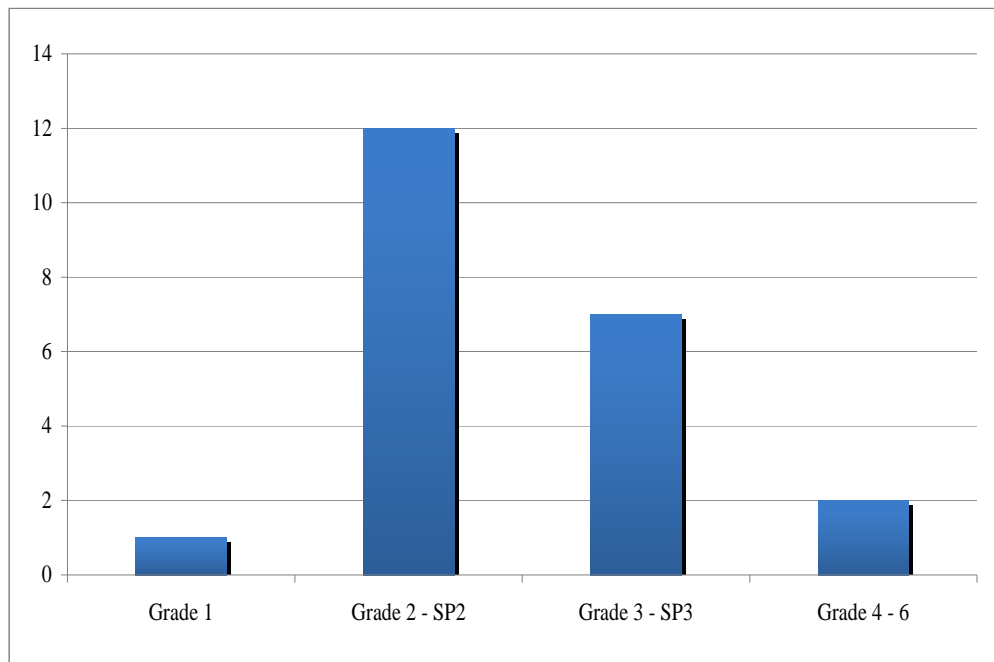


Figure 10 present a weakness in terms of job grading of focal persons because, out of the total number of respondents, twelfth (12) of them were graded below middle management category; while only two (2) of the respondents were at senior management level. The study also shows that seven (7) of the respondents were in the middle management category and interestingly, one (1) of the respondents was holding the lowest rank in the Public Service of Namibia.

ii) Type of appointment of focal persons

One of the constraints facing focal persons in carrying out their duties, was amongst other ‘the expectation that existing job responsibilities will continue unchanged while new responsibilities of combating HIV and AIDS are assumed’ (Rau, 2004). The researcher asked respondents to indicate their types of appointment in HIV and Aids positions. Responses obtained are presented in Figure 11 below:

Figure 11: Type of appointment

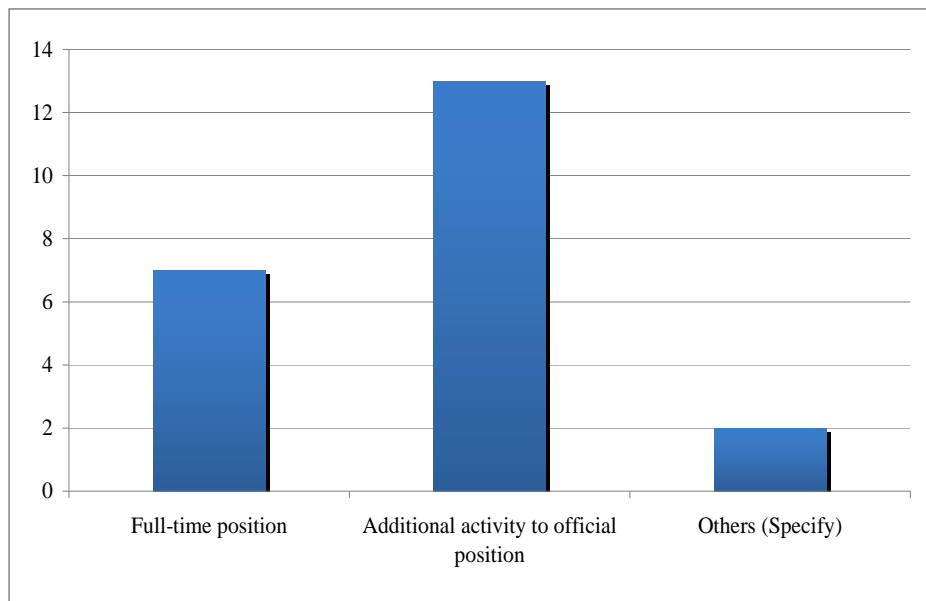


Figure 11 shows that thirteen (13) of the respondents were appointed to coordinate the mainstreaming strategy of combating HIV and Aids as additional responsibilities to their official positions and only seven (7) of the respondents were appointed on a full time basis.

iii) Time available to focal persons to coordinate HIV and Aids programmes

As a follow up to the question on the type of appointment made to HIV and Aids focal persons in the Public Service of Namibia, the researcher wanted to confirm whether focal persons have enough time to coordinate HIV and Aids programmes. Figure 12 below, present responses obtained for this question.

Figure 12: Time available for focal coordinate HIV and Aids programmes

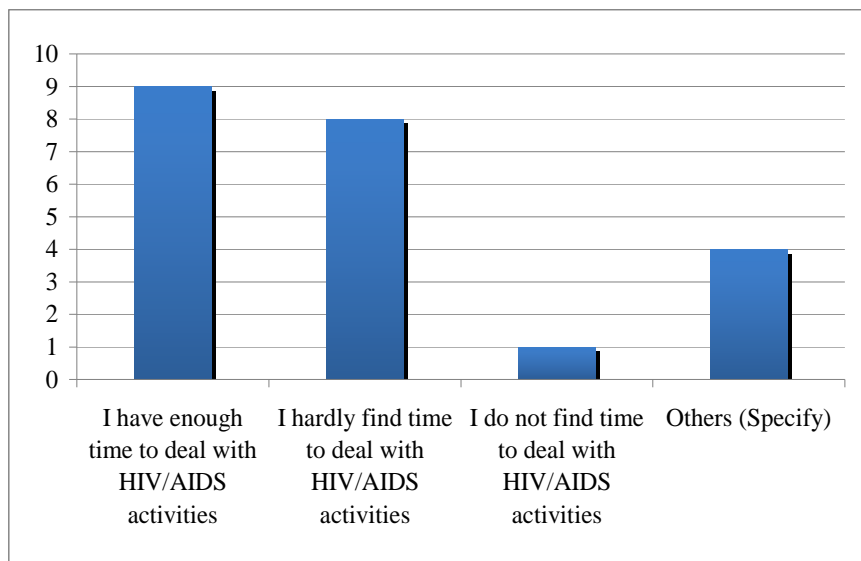


Figure 12 indicates that thirteen (13) of the respondents do not have time to coordinate HIV and Aids programmes. Out of the thirteen (13) respondents, eight (8) of them indicated that they hardly find time to deal with HIV and Aids; one (1) does not find time at all; while four (4) of the respondents indicated that they find time but not always.

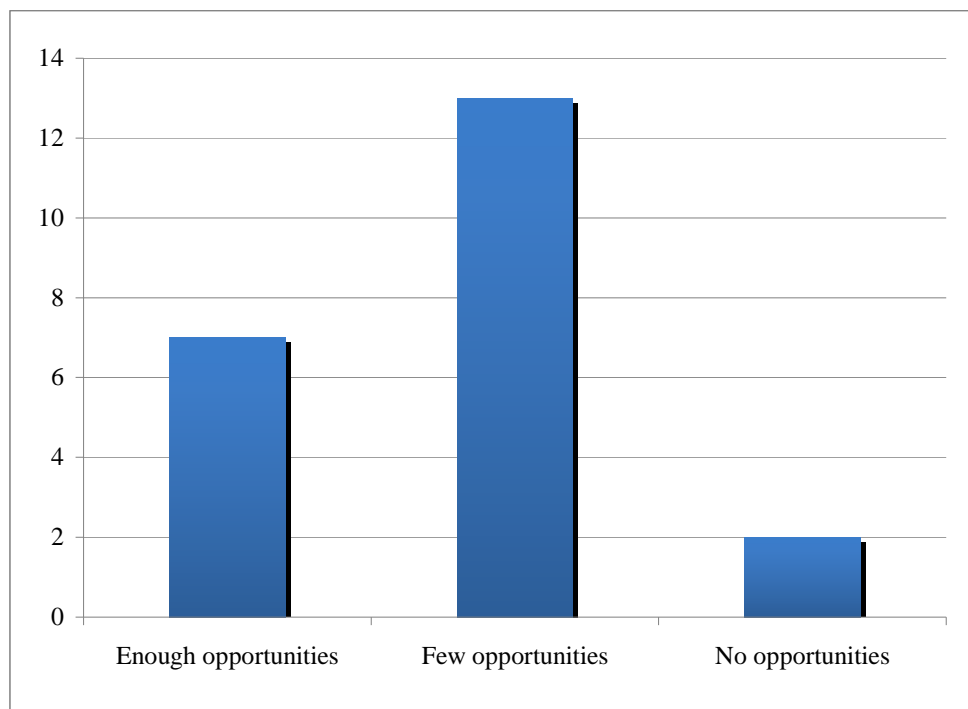
4.1.2.1.3. OPPORTUNITIES

Opportunities are those external conditions that can be helpful to achieving the objective of the organisation. In the context of this study, opportunities are the available conditions that can be helpful to focal persons to effectively coordinate the mainstreaming strategy of combating HIV and Aids in the Public Service of Namibia. The study finds a number of opportunities as presented in the Figure 13-20 as well as Tables 1-2.

i) Access to educational opportunities relating to HIV and Aids

Access to educational opportunities plays a major role in helping focal persons to attain high level of educational qualifications. Therefore the researcher questioned whether focal persons have access to educational opportunities as part of their role of coordinating HIV and Aids mainstreaming in the Public Service of Namibia. Responses obtained for this question are presented in Figure 13 below.

Figure 13: Access to educational opportunities



The figure above reveals that at least seven (7) of the respondents have had enough access to HIV and Aids educational opportunities while thirteen (13) respondents had few opportunities compared to only two (2) who had no access to such opportunities. Nonetheless, this shows the need to build the knowledge levels of HIV and Aids focal person through capacity building programmes in all OMAs. Facilitation of participation in HIV and Aids related workshops and trainings is an example of some sure ways of raising the HIV and Aids knowledge levels of focal persons.

ii) **Job grading of members of HIV and Aids committees**

The more members of the management category are involved in HIV and Aids committees, the better opportunity for the coordination of the mainstreaming strategy can be. Therefore, it was very crucial for the researcher to find out whether such opportunity exists. Responses to that question are presented in Table 1 below.

Table 1: Job grading of members of HIV and Aids committees

Membership	Grade 1	Grade 2 - SP2	Grade 3 - SP3	Grade 4 - 6	Others (e.g. Ministers, Deputy Ministers, Special Advisors)
Chairpersons	0	4	3	12	1
Other members	7	54	43	19	0
Total	7	58	46	31	1

It is quite encouraging to note that at least twelfth (12) out of twenty-two (22) HIV and Aids committees was chaired by members of senior management category; three (3) committees were chaired by officials in the middle management category and only four (4) committees were chaired by officials below middle management category. It is however important to note that at least one (1) of the HIV and Aids committees was chaired by a political appointee. The chairmanship by a political appointee (even though at minimal), compounded with the chairmanships by members of the senior management category, represent one of the important opportunities in the implementation of HIV and Aids programmes.

iii) Availability of terms of references

Terms of reference can be described as a guiding tool in carrying out entrusted responsibilities. In this context, HIV and Aids focal persons needed to have a tool which guides them on what they are expected to do, when they are expected to do it and to whom they are reporting to. A question was therefore posed to focal persons whether there was such a guide for them in coordinating the mainstreaming strategy in combating HIV and Aids in the Public Service of Namibia. Figure 14 below presents the responses obtained for this question.

Figure 14: Availability of terms of reference

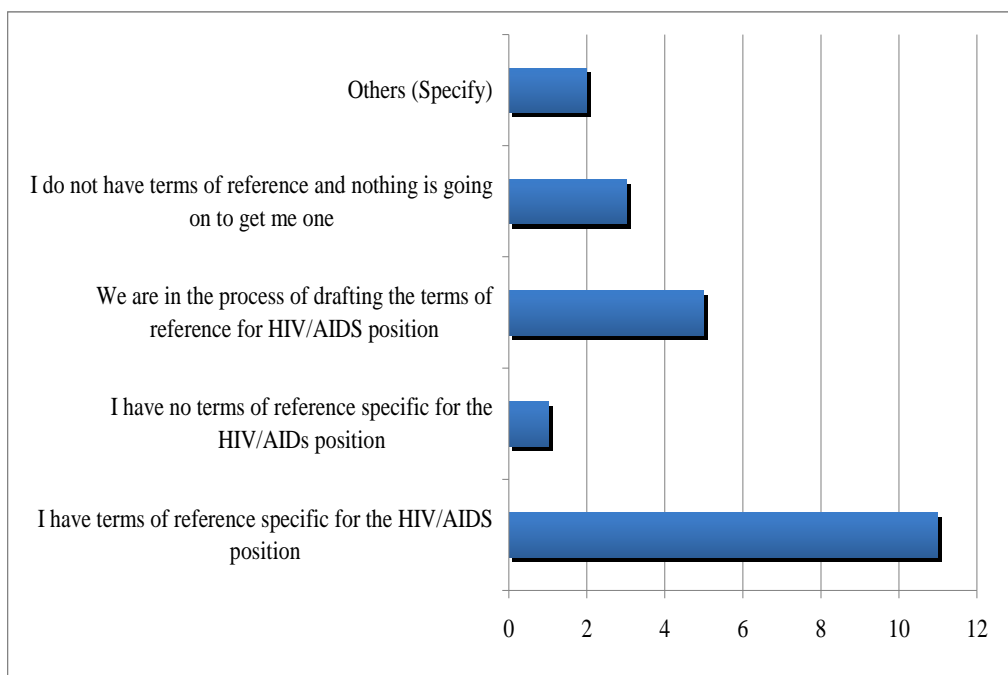


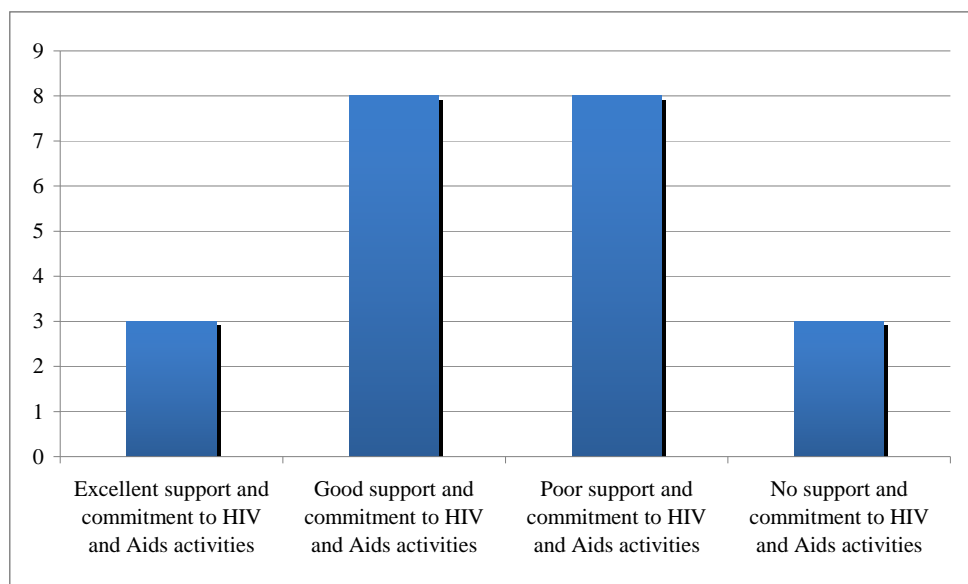
Figure 14 shows that eleven (11) of the respondents have terms of reference specific to HIV and Aids; while five (5) were in the process of finalising their terms of reference. One (1) respondent had terms of reference but not specific to HIV and Aids. The study also found that three (3) of the respondents did not have terms of reference at all and did not have any hope of getting one. The other two (2) respondents were those who were

not officially appointed as focal persons. The total number of respondents with terms of reference represents an opportunity in this regard; however, the Public Service need to pay attention to those who have got no terms of reference because they are lacking guidance and this can result in ineffective coordination of the mainstreaming strategy.

iv) Management support and commitment towards HIV and Aids programmes

In the context of this study, management support and commitment towards HIV and Aids programmes can be regarded as any support that focal persons receive from management in order to help them fulfil their responsibilities. Support can be in a form of advocacy for financial and physical resources and creating enabling environment. Commitment on the other hand can come in a form of attending to HIV and Aids programmes. It is on this basis that the researcher posed a question to find out whether focal persons have noted any such support and commitment from their management. Responses obtained are presented in Figure 15 below.

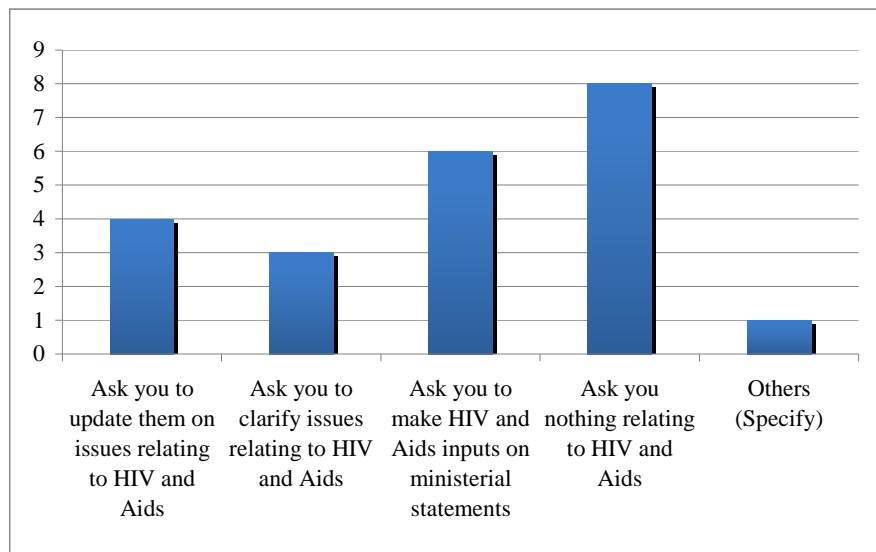
Figure 15: Management support and commitment towards HIV and Aids



As it appears in Figure 15, three (3) and eight (8) respondents indicated that they had excellent and good support from their management. Interestingly, the other three (3) and eighteen (18) respondents also indicated that they had poor and no support from their management. Notwithstanding, eleven (11) responses that confirm management support and commitment, the other half of the respondents confirms the call by the Namibian Deputy Prime Minister that “leaders in government, both on the political and administrative levels need to internalise the fact that HIV and Aids is a developmental issue which requires all permanent secretaries in all government ministries to give support HIV and Aids focal persons and their teams” (Amathila, 2007).

v) Management’s interest in HIV and Aids matters

As a follow up to the question on management support and commitment towards HIV and Aids programmes, focal persons were asked whether management has shown any interest in matters related to HIV and Aids. In this context, management could have expressed their interest in matters related to HIV and Aids by asking focal persons to update them on issues relating to HIV and AIDS; by seeking clarification or asking focal persons to make inputs in ministerial statements. The figure below shows how focal persons responded to this question.

Figure 16: Management's interest in HIV and Aids matters

At least thirteen (13) respondents indicated that management had shown an interest in HIV and Aids matters; four (4) had shown an interest by asking focal persons to update them on issues relating to HIV and Aids; three (3) focal persons were asked to clarify issues relating to HIV and Aids; and six (6) focal persons were asked to make inputs on ministerial statements. Only eight (8) focal persons were not asked anything by management relating to HIV and Aids. Notwithstanding, eight (8) focal persons who were not asked anything by their management, those who have been asked by management for updates, clarifications and inputs on issues relating to HIV and Aids have a good opportunity to present the HIV and Aids agenda through this type of interactions.

vi) Focal persons' access to management

Access to management is another important attributes in the implementation of HIV and Aids programmes. It has been noted in the past that irregular access to senior decision-makers was one of constraints facing focal persons in carrying out their duties (Rau, 2004). Therefore a question was posed to find out whether HIV and Aids focal persons' access to management is an issue in the Public Service of Namibia.

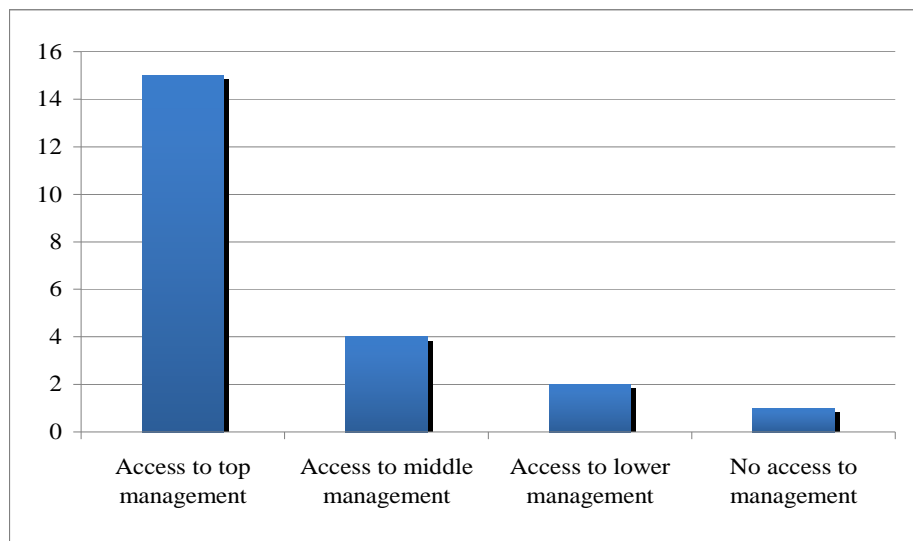
Figure 17: Access to management

Figure 17 illustrates that fifteen (15) of the respondents have had access to top management in their daily execution of HIV and Aids duties; four (4) of the respondents had only access to middle management; followed by two (2) respondents with access to lower management. One (1) respondent had no access to management at all. To those majorities who had access to management, this is another good opportunity for them to communicate to management issues relating to the combating of HIV and Aids.

vii) Budget for HIV and Aids programmes

Like other programmes, the successful implementation of HIV and Aids programmes heavily depends on the availability of financial resources. In order to be sure of the availability of financial resources, budgetary provisions have to be made and preferably according to programmatic areas. In this regard, it is imperative for each office, ministry and agency to have a budget line specific for HIV and Aids programmes so as to ensure effective implementation of HIV and Aids programmes. Focal persons were asked whether there were specific budget line for HIV and Aids programmes in their respective OMAs. Figure 18 present responses of focal persons on this question.

Figure 18: Specific budget for HIV and Aids

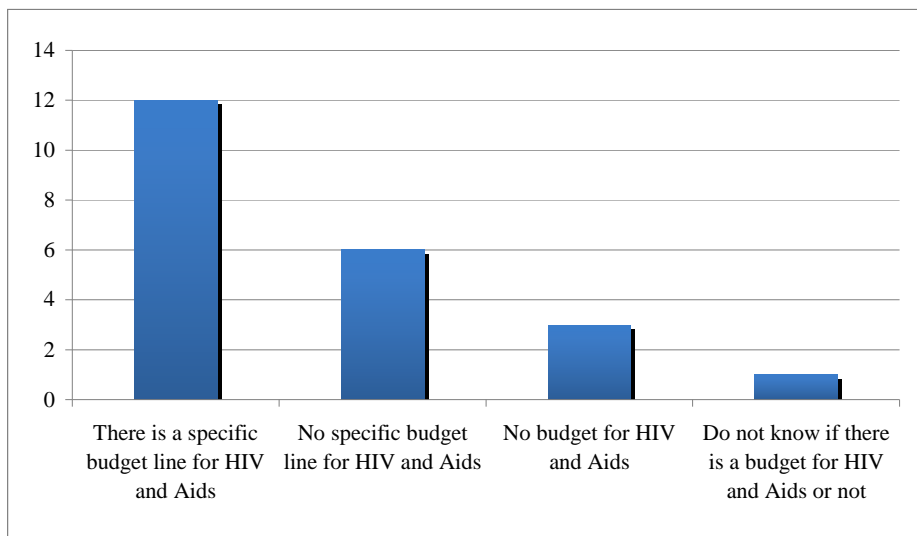


Figure 18, shows that twelfth (12) OMAs have budget lines specifically for HIV and Aids programmes; while six (6) OMAs have budgets but not specifically for HIV and Aids. Three (3) OMAs have no budget for HIV and Aids at all; while one (1) of the respondents does not know whether there is budget for HIV and Aids or not.

viii) Access to physical facilities

Access to physical facilities is another important aspect which can have an effect on the coordination of the mainstreaming strategy of combating HIV and Aids in the Public Service of Namibia. Things like office space, computer, internet, telephone, fax and transportation are some of the important facilities that focal persons cannot afford to be without. Therefore, respondents were asked to indicate the availability of any of such facilities at their disposals. Below is the table which shows how focal persons responded to this question.

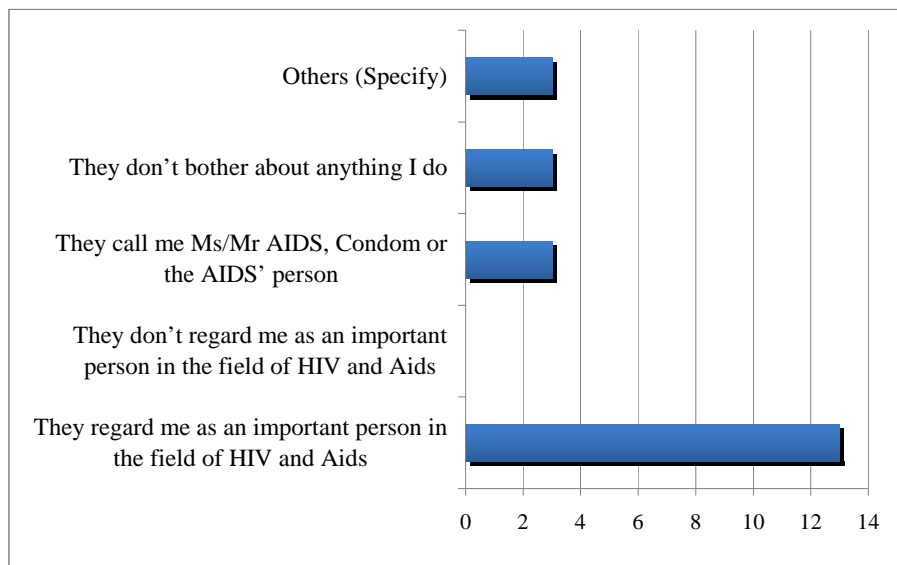
Table 2: Access to physical facilities

Facilities	%	Number of Responses per facility
Own office space	85%	19
Shared office space	15%	3
Computer with internet	90%	20
Computer without internet	0%	0
Telephone	100%	22
Fax	95%	21
Access to transportation	90%	20

Table 2 indicates that the majority of the respondents had access to most of the facilities listed. Only three (3) of the respondents had to share office spaces.

ix) Recognition by other staff members

The more HIV and Aids focal persons are recognised by other staff members in their OMAs, the better the opportunity for them to coordinate HIV and Aids programmes. This can happen in two ways which can either be positive or negative. In a positive way, staff members can regard HIV and Aids focal persons as important persons in the field of HIV and Aids. In a negative way, staff members can disregard HIV and Aids focal persons by calling them derogatory names such as condoms or Aids persons. Focal persons were asked to indicate whether they have noticed some of those expressions from other staff members in their OMAs. Below are the responses to this question as presented in Figure 19.

Figure 19: Recognition by other staff members

In their views, thirteen (13) respondents claimed to be recognised by other staff members and they are regarded as important persons in the field of HIV and Aids. Three (3) of the respondents claimed not to be recognised, instead they were called derogatory names such as condoms and AIDS persons, (three) 3 respondents did not know how they were regarded by their colleagues.

x) Access to information

Access to information is another important aspect in any program implementation. Without access to necessary information, HIV and Aids focal persons may not know the latest development in the fight against HIV and Aids pandemic. Since information dissemination is one of the functions of the HIV and Aids focal persons in the Public Service of Namibia, lack of access to such information may result in focal persons disseminating outdated information on HIV and Aids. Respondents were asked to rate their access to information relating to HIV and Aids and Figure 20 below present their responses.

Figure 20: Access to information relating to HIV and Aids

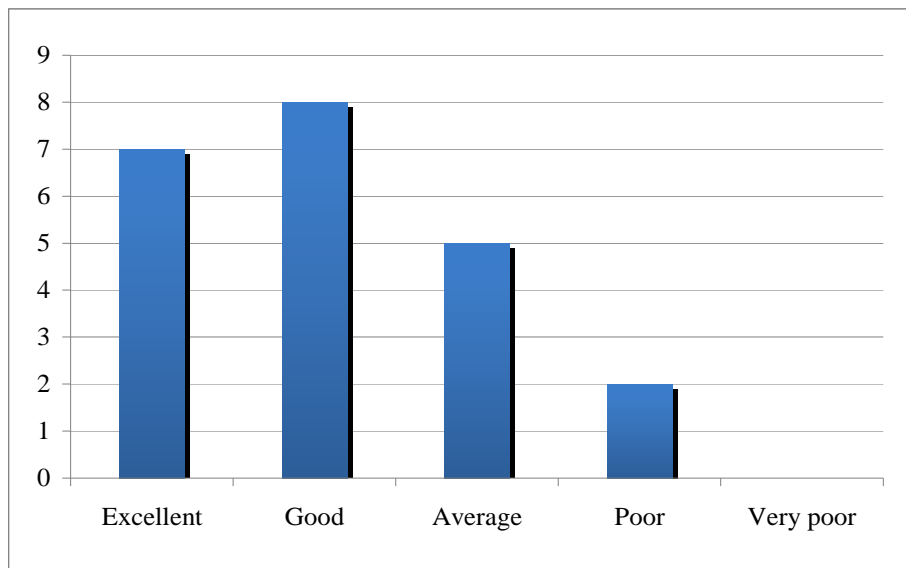


Figure 20 illustrates that seven (7) respondents rated their access to information relating to HIV and Aids as excellent; while eight (8) respondents rated their access as good. At least five (5) and two (2) respondents rated their access to information relating to HIV and Aids as average and poor, respectively.

4.1.2.1.4. THREATS

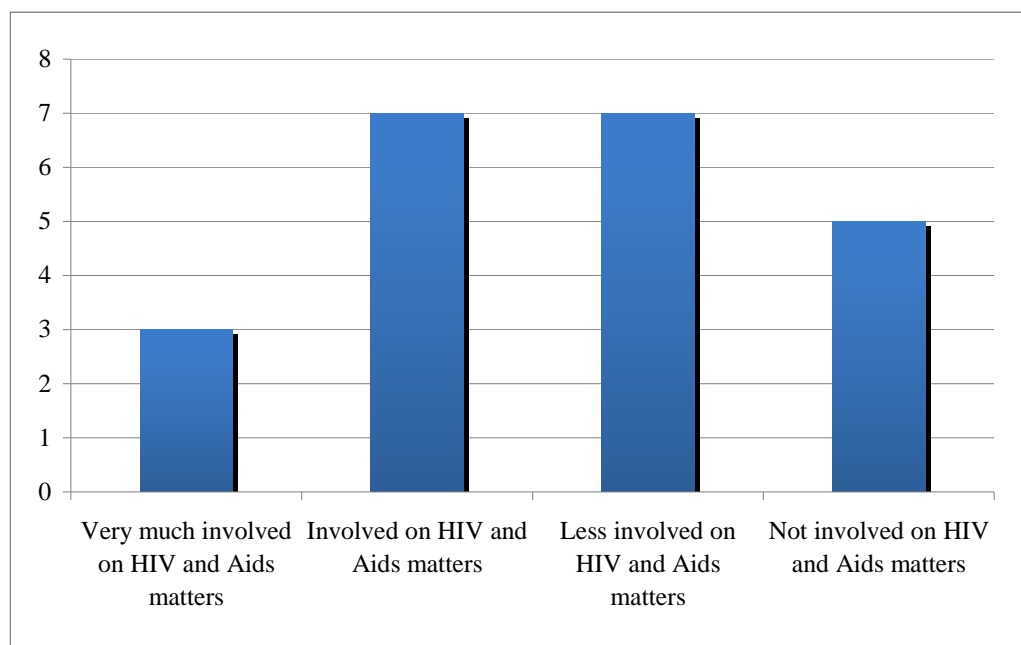
Threats are the external conditions that are harmful to achieving the objective of the organisation. A number of threats have been found to be harmful to the use of focal persons in the Public Service of Namibia and these are presented in Figures 21-23 and Table 3.

i) Management involvement in combating of HIV and Aids

Members of the management category as decision makers need to be involved in the fight against HIV and Aids. Instead of appointing junior staff members to carry out activities

relating to the coordination of HIV and Aids programmes, management can be involved in HIV and Aids programmes. They can do this by involving themselves in drawing up of plans and programmes as well getting involved in implementation process. Respondents were asked to indicate at what level their management were involved in the combating of HIV and Aids. The figure below presents the response to this question.

Figure 21: Management involvement in combating of HIV and Aids



At least seven (7) and five (5) respondents indicated that their management are less involved and not involved in combating of HIV and Aids compared to only three (3) and seven (7) respondents who indicated that their management are very much involved and involved in the combating HIV and Aids. Notwithstanding a slight difference of 2 responses, Figure 21 confirm the findings presented in Figure 15 of this study that the level of management involvement, support and commitment towards HIV and AIDS programmes need to be improved.

ii) **Involvement of focal persons in budget formulation**

It is assumed that focal persons' involvement in the formulation of the budget can afford them good opportunities to adequately budget for HIV and Aids programmes. Therefore the researcher tried to find out whether focal persons were involved in budget formulation or not. Figure 22 below presents the responses to this question.

Figure 22: Focal persons' involvement in budget formulation

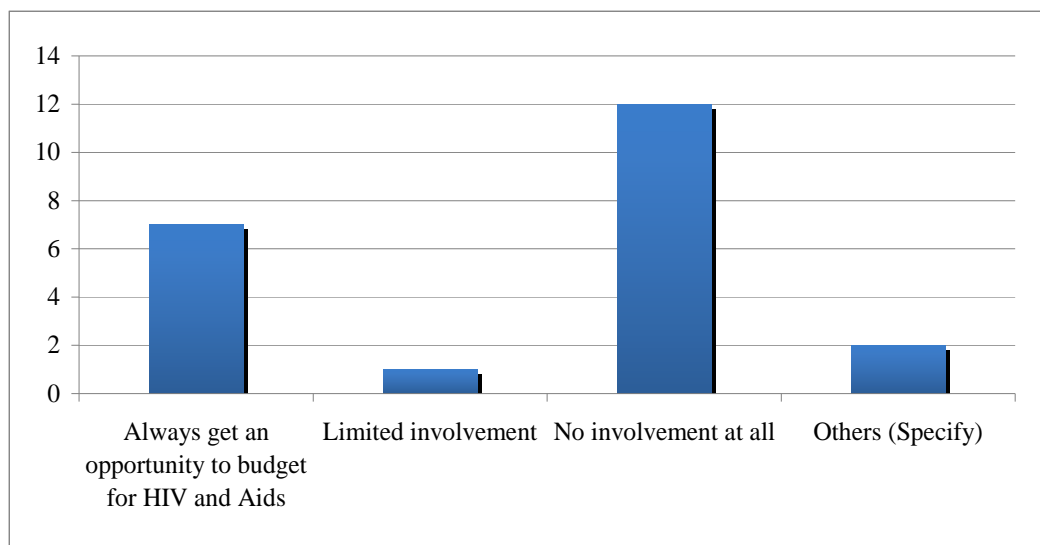
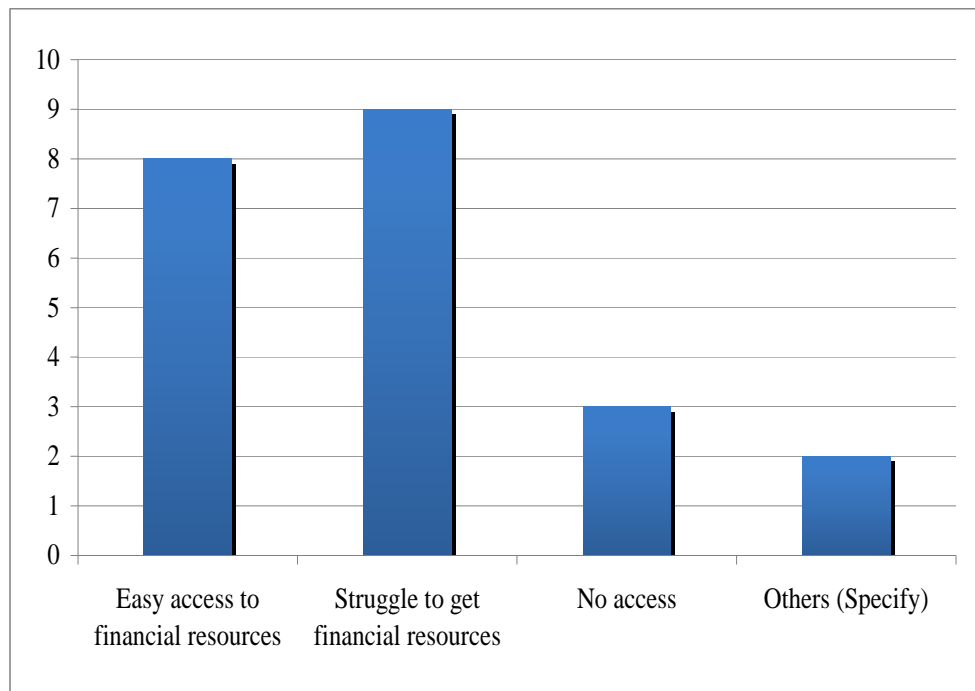


Figure 22, indicates that twelfth (12) of the respondents have not been involved in budget formulation so as to help them to budget for activities relating to the combating of HIV and Aids. Only seven (7) respondents indicated to have been involved in budget formulation.

iii) **Access to financial resources**

HIV and Aids focal persons' access to financial resources in carrying out their responsibility was another question which the researcher wanted to find an answer to. Figure 23 below presents responses received for this question.

Figure 23: Focal persons' access to financial resources



Even though twelfth (12) respondents indicated that they had specific budget for combating HIV and Aids in their workplaces, as per figure 18; Figure 23 above shows that only eight (8) of respondents had easy access to such budgets. Nine (9) of the respondents had to struggle to get financial resources in combating HIV and Aids; while three (3) of them had no access at all.

iv) Implementation of HIV and Aids workplace programmes

Issues such education, knowledge and experience as well as enabling environment are contributing to the effective implementation of HIV and Aids workplace programmes. Having looked at those issues and placed them on rightful places, it was important for the researcher to find out how HIV and Aids workplace programmes have been implemented in different OMAs. Respondents were asked to indicate which of the workplace component was active, inactive, being developed or nothing was happening in their respective OMAs. Table 3 below shows presents responses from focal persons.

Table 3: Implementation of HIV and AIDS workplace programs

HIV and Aids workplace components	Active	Inactive	In the development stage	Nothing is going on
Ministerial HIV and Aids Policy	9% (2)	0% (0)	59% (13)	31% (7)
Ministerial HIV and Aids Committee	77% (17)	9% (2)	4% (1)	9% (2)
Condom distribution	95% (21)	0% (0)	4% (1)	0% (0)
Counselling & Testing	18% (4)	9% (2)	18% (4)	54% (12)
Peer Education Program	40% (9)	22% (5)	13% (3)	22% (5)
Support group	13% (3)	4% (1)	9% (2)	72% (16)

As it appears in tables 3, it is clear that ministerial HIV and Aids committees, condom distribution and peer education programmes exist in the majority of the OMAs. Notwithstanding the presence of the HIV and Aids committees in the most of OMA, lack of workplace policies, lack of counselling and testing services as well as lack of support groups were persistent in government OMAs. Again this brings us to the call made by the Namibian Deputy Prime Minister demanding that all permanent secretaries in all government ministries, and all leaders in government both on political and administrative levels should pay attention to the identified weakness. This will encourage the use of HIV and Aids focal persons to effectively carry out their duties.

SWOT SUMMARY

In summary, the analysis of issues as presented and discussed above is presented in Figure 24 below:

Figure 24: SWOT Summary

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Good & Excellent Knowledge • Good & Excellent Experience • High Level of Education 	<ul style="list-style-type: none"> • Lower job grading of focal persons • Type of appointment • Lack of time
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Access to educational opportunities • Job grading of chairpersons of HIV and Aids committees • Available terms of reference • Management support and commitment • Management interests • Access to management • Specific budget for HIV and Aids programmes • Access to physical facilities • Recognition by other staff members • Access to information 	<ul style="list-style-type: none"> • Poor management involvement in HIV and Aids programmes • Poor involvement of focal persons in budget formulation • Poor access to financial resources

4.2.2. QUALITATIVE DATA

Having focused in the previous section on the quantitative results obtained in this study, this section will focus on the qualitative results and provide an overview of the findings. The aim of the qualitative approach was to obtain feedback on important issues and challenges facing focal persons that may not have been covered by responses to more open SWOT questions. Two general questions were posed to the respondents to express themselves on issues and challenges as well as success encountered in their day to day HIV and Aids mainstreaming.

i) **Type of appointment and time available to carry HIV and Aids activities**

As noted in other studies, many HIV and Aids focal persons in the world were appointed to coordinate HIV and Aids programmes as additional responsibilities to their official responsibilities. This type of appointment has an effect on the time available for focal persons to carry out HIV and Aids activities (Rau, 2004). The majority of respondents in this study noted that the type of appointment that is additional to official duties is challenging because focal persons hardly find time to carry out activities relating to HIV and Aids. As a result, HIV and Aids programmes are neglected and poorly coordinated. This perception is in conformity with the quantitative findings, which shows that thirteen (13) respondents were coordinating HIV and Aids programmes as additional responsibilities and 100% of those who were doing so indicated that they do not find time to deal with HIV and Aids. *“The biggest challenge is the fact that there is basically not much time for HIV and Aids activities, auditing is the first priorities. The nature of the office and the fact that each division has its own programs makes it so difficult to arrange for trainings”.*

ii) **Job grading**

Other main issues highlighted by respondents were the lack of seniority and authority. Respondents noted that because of the level of their positions in their respective OMAs,

they do not have sufficient influence on other staff members and this is one of the main challenges for effective implementation of HIV and Aids programmes. A respondent stated that: *“I feel that the Ministry should give the portfolio of a focal person to a deputy director level or up. This would perhaps allow us to have influence on other staff members as well as change the mindsets of managers who do not commit themselves to HIV and Aids”*.

iii) **Management commitment and support**

Leadership is one of the most important aspects for the successful implementation of policies and programmes. The general impression regarding the role and influence of leadership is that commitment and support of top and middle management is extremely varied. The views and opinions of respondents regarding the current role of management in dealing with HIV and AIDS issues include, inter alia, that there is no serious commitment from senior management to implement HIV and AIDS policies, and although HIV and AIDS policies were drafted, feedback was still being awaited from senior management on these draft policies. While many respondents noted a big challenge in obtaining full commitment from management, some have indicated the difficulty in getting hold of management. This lack of commitment and support from management contributes to the lack of financial and human resources to implement HIV and Aids programmes. One respondent stated that: *“the most challenging issue is poor commitment from management to HIV and Aids. Management commitment to HIV and Aids ends on paper”*.

iv) **Availability of financial resources to HIV and Aids activities**

HIV and Aids focal persons expressed that while OMAs increasingly recognize the need to safeguard their workforce from HIV and Aids, only a few have allocated money for such work. One of the respondents stated that: *“it is very difficult to implement HIV and Aids programmes in our ministry due to financial constraints, lack of budget, and*

poor commitment from the top management. Management do not see HIV and Aids as a priority”

v) Implementation of workplace programs

Implementation of workplace programs is another challenge that focal persons have encountered. It has been noted that these challenges were exacerbated by factors such as inadequate allocation and access to financial resources, poor management commitment and support as well as lower job grading of focal persons.

Despite the above mentioned challenges, some focal persons have noted successes in carrying out their HIV and Aids activities. These success were noted in OMAs were management commitment and support to HIV and Aids programmes were high, focal persons have good access to financial resources as well as where focal persons were at senior management level. One of the respondents stated that: *“I got support from my management and have managed to establish an HIV and Aids friendly corner, obtained a seat in management as an HIV and Aids ambassador, trained peer educators and got HIV and Aids committee in place for the workplace programme”*.

4.3. CONCLUSION

This chapter focused on data presentation, interpretation and analysis. The researcher presented data from the twenty-two (22) respondents who are HIV and Aids focal persons in the Public Service of Namibia. Figures and tables were used in data presentation.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter summarises the whole study and suggests recommendations deduced from the findings of the study.

5.2. BRIEF SUMMARY OF THE STUDY

The coordination of HIV and AIDS mainstreaming in the Public Service of Namibia is entrusted in the Office of the Prime Minister. On the other hand, coordination of HIV and Aids mainstreaming programmes in all government offices, ministries and agencies (OMAs) is entrusted on the focal persons in each OMA in collaboration with the with the Office of the Prime Minister. While mainstreaming HIV and Aids helps in reducing the transmission and impact of HIV and Aids in all sectors of the economy, concerns raised from almost all OMAs were whether focal persons had adequate technical support including training to strengthen specific knowledge and skills as well as managerial and financial support to enable them to accomplish set objectives.

It is against this background that the researcher was inspired to conduct a SWOT analysis survey on the use of focal persons as a mainstreaming strategy of HIV and Aids in the Public Service of Namibia.

Chapter one of this study looked at the background of the study, the statement of the problem, the significance of the study and also gave definitions of terms used in this study. The researcher reviewed literature in chapter two. Several issues pertaining to this study were highlighted and discussed. This chapter helped the researcher to have insight into the problem. Chapter three focused on the methodology used. The qualitative research design was used in this study and was triangulated with the quantitative methods to enhance the validity and reliability of the research findings. The target population

consisted of 28 HIV and Aids focal persons in the Public Service of Namibia. This chapter also outlined the procedures as well as instruments used for the collection of data for the purpose of the research. Chapter four dealt with the presentation, interpretation and analysis of data from individual questions. Finally, chapter five of this study gives a summary of major research findings and gives recommendations related to the research problem.

5.3. CONCLUSIONS DRAWN FROM ANALYSIS

The study concluded that internal attributes such as educational qualifications, knowledge and experience in HIV and Aids matters are there to strengthen the use of focal persons in the Public Services of Namibia. Attributes such as lower job grading, type of appointment and unavailability of time to coordinate HIV and Aids mainstreaming programmes exists and are weakening the use of focal persons in the Public Service of Namibia.

Furthermore, the study concluded that there are number of opportunities that can help to strengthen the use of focal persons to effectively coordinate the HIV and AIDS mainstreaming strategy. These opportunities are: access to educational opportunities, high grading of chairpersons of ministerial HIV and Aids committees, availability of terms of reference, management interest in HIV and Aids programmes, focal persons' access to management, physical facilities and HIV and Aids related information.

However, the study also concluded that external attributes such as poor management involvement in HIV and Aids programmes and poor involvement of focal persons in budget formulation, focal persons' inaccessibility to financial resources exists and are threatening the use of focal persons in the Public Service of Namibia.

Based on the findings, the study recommendations are suggested in order to enhance the capacities of HIV and Aids focal persons to perform effectively in order to meet set objectives.

5.4. RECOMMENDATIONS

From the conclusions drawn, the following recommendations are made for the Public Service of Namibia and other stakeholders involved in HIV and Aids mainstreaming programmes to address the weaknesses and threats found by the study:

- ✓ There is a need to appoint focal persons on full time basis so that they can devote their time to coordinate HIV and Aids mainstreaming programmes.
- ✓ The position of HIV and Aids focal person in the Public Service of Namibia should be upgraded to management level (e.g. deputy director). This will help focal persons to have influence on other staff members as well as to change the mindset of managers who do not realise that HIV and Aids is a developmental challenge that requires priority, support and full commitment by all.
- ✓ The position of HIV and Aids focal persons should be formalised in the establishment of all OMAs in the Public Service of Namibia.
- ✓ All OMAs should create a specific budget line for HIV and Aids activities that is accessible to people who are responsible to carry out these activities.
- ✓ All OMAs should have workplace policies in place to support the work of HIV and Aids focal persons.
- ✓ Management should make regular contacts with focal persons on issues relating to HIV and Aids. This will encourage focal persons to carry out their duties more diligently.

- ✓ Efforts should be made to ensure that all OMAs have functional and active ministerial HIV and Aids committees for the purpose of effective monitoring and evaluation of HIV and Aids programmes.
- ✓ As a way of ensuring that management is committed, involved and support HIV and Aids programmes in their OMAs, all accounting officers should be required to report on issues relating to HIV and Aids to the Office of the Prime Minister on regular basis.

CHAPTER 6: LIST OF REFERENCES

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APPENDICE A: ETHICAL DOCUMENTATION



REPUBLIC OF NAMIBIA

OFFICE OF THE PRIME MINISTER

Tel: (061) 2872494

Private Bag 13338

Fax (061) 2872500

WINDHOEK

Enquiries: Ms. E. /Ucham

27 August 2007

HIV/AIDS UNIT

COVER MEMO

**SUBJECT: CALL TO PARTICIPATE IN RESEARCH: THE USE OF FOCAL POINTS
AS A MAINSTREAMING STRATEGY OF HIV/AIDS IN THE PUBLIC
SERVICE OF NAMIBIA**

Dear Focal Persons

One of the students from the African Centre for HIV/AIDS Management of the Stellenbosch University is currently busy with the research on the *Use of Focal Persons as a Mainstreaming Strategy of HIV/AIDS in the Public Service of Namibia*. She has asked our Unit if the focal persons in the Public Service of Namibia can participate in this research that was approved by the institution of her study.

The OPM – HIV/AIDS Unit has no objection to the conducting of this research because we believe it will help to improve on the usefulness of HIV/AIDS focal points in the Public Service of Namibia by highlighting the current and future situations. Therefore, our Unit wishes to encourage you all to participate in this study. The researcher made a promise that all responses will be treated with anonymity and confidentiality and will only be used for the research purposes. If you have any further questions regarding this research, you can contact Ms Sircca Vatuva at svatuva@yahoo.com or cellphone number 0811287115.

To access the questionnaire please click on the following link (Internet access will be needed):

<http://www.eSurveysPro.com/Survey.aspx?id=7f00253b-ea4c-4ba2-8291-61de516c0def>

Thank you for your time and important contribution to this study!

Best Regards

Emelda /Ucham
Liaison Officer
OPM – HIV/AIDS UNIT

APPENDICE B: QUESTIONNAIRE

STUDY QUESTIONNAIRE Circulated in partial fulfilment of the degree of the Master of Philosophy in HIV/AIDS Management African Centre for HIV/AIDS Management: Stellenbosch University	
SPECIAL REQUEST TO ALL HIV/AIDS FOCAL PERSONS TO PARTICIPATE IN THE RESEARCH: "THE SWOT ANALYSIS ON THE USE OF HIV/AIDS FOCAL PERSONS IN THE PUBLIC SERVICE OF NAMIBIA"	
<p>Dear Focal Persons,</p> <p>Your consent is hereby sought to complete all questions in the attached study questionnaire. PLEASE TAKE NOTE THAT ANY INFORMATION COLLECTED FOR THE PURPOSE OF THIS STUDY SHALL BE KEPT CONFIDENTIAL. To give an utmost assurance of confidentiality, this research does not require names of participants, thus no part of information given will be linked to any individual.</p> <p>The purpose of this study questionnaire is to collect data from all HIV/AIDS focal points/ coordinators in government Offices/Ministries and Agencies (O/M/A) at central level and analyse the existing and possible future conditions with regard to the use of focal points in the Public Service of Namibia. The questionnaire consists of 4 sections and please responds to all questions in all the sections. Choose the relevant option to each item and indicate your answer in the applicable manner. The questions are intended to cover your views towards biographical details, working experience, educational details, enabling environmental issue and general issues. As this is a scientific study, frank and truthful answers are the most important contributions you can make to ensure the validity of the results. The whole process should take you no more than 10 minutes to complete.</p> <p>Should you experience any problem in completing the questionnaire, kindly contact the researcher at 0811287115 or email: svatuva@yahoo.com or svatuva@mtcmobile.com.na. Also, if you have any doubt about the researcher and/or research, please do not hesitate to contact the African Centre for HIV/AIDS Management, Stellenbosch University, South Africa (Tel: 0027 21 808 2964) (Fax: 0027 21 808 3105) or email aids@sun.ac.za.</p> <p style="text-align: center;">Thank you for your time and important contribution to this study!</p> <p>Ms Sircca N N Vatuva Student: Stellenbosch University</p>	
<hr/> <p><u>BIOGRAPHICAL DETAILS</u></p> <p>1. What is the name of your Ministry?</p> <p>.....</p> <p>2. Please select your gender group:</p> <p>A. Female <input type="checkbox"/></p> <p>B. Male <input type="checkbox"/></p> <p>3. Please select your age group:</p> <p>A. 18 – 25 <input type="checkbox"/></p> <p>B. 26 – 35 <input type="checkbox"/></p> <p>C. 36 – 35 <input type="checkbox"/></p> <p>D. 45 – 55 <input type="checkbox"/></p> <p>E. 56 and older <input type="checkbox"/></p>	

WORKING EXPERIENCE

1. **What is the title of your HIV/AIDS-related position?**
 - A. HIV/AIDS Focal Point ☐
 - B. Chairperson of the HIV/AIDS Committee and Focal Point ☐
 - C. HIV/AIDS Coordinator ☐
 - D. Other (specify)..... ☐

2. **How did you get into your current HIV/AIDS-related position?**
 - A. Nominated to serve ☐
 - B. Instructed to serve ☐
 - C. Applied to serve ☐
 - D. Self volunteered to serve ☐
 - E. Other (specify)..... ☐

3. **How long have you served in the current HIV/AIDS-related position?**
 - A. 0-6 months ☐
 - B. 1-2 years ☐
 - C. 3-4 years ☐
 - D. 5 and above ☐

4. **What are your duties and responsibilities for your HIV/AIDS related position? If you have a job description, feel free to copy down everything. If you do not have a job description, kindly indicate what you normally do to fulfil the duties of your HIV/AIDS related position.**

.....

.....

.....

5. **Do you regard your experience about HIV and AIDS as:**
 - A. Excellent ☐
 - B. Good ☐
 - C. Average ☐
 - D. Poor ☐
 - E. Very poor ☐

6. **Do you regard your knowledge about HIV and AIDS as:**
 - A. Excellent ☐
 - B. Good ☐
 - C. Average ☐
 - D. Poor ☐
 - E. Very poor ☐

7. **Is your HIV/AIDS-related position:**
 - A. Full-time ☐
 - B. Additional activity to official position ☐
 - C. Other (specify)..... ☐

8. **[If HIV/AIDS position is an additional activity to what you are doing] please state your official position (e.g. Clerk, Director etc.)**

.....

9. What is the grading of your official position?
- A. Grade 1 ☐
- B. Grade 2 - SP2 ☐
- C. Grade 3 - SP3 ☐
- D. Grade 4 - 6 ☐
- E. Other (specify)..... ☐
10. [If HIV/AIDS position is an additional activity to what you are doing] How many supervisors do you have?
- A. One supervisor for the HIV/AIDS-related position ☐
- B. One supervisor for the official position ☐
- C. One supervisor for both positions ☐
11. [If HIV/AIDS position is an additional activity] How would you describe your workload?
- A. I have enough time to deal with HIV/AIDS activities ☐
- B. I hardly find time to deal with HIV/AIDS activities ☐
- C. I do not find time to deal with for HIV/AIDS activities ☐
- D. Other (specify)..... ☐
12. How long have you worked for this Ministry?
- A. 0-6 months ☐
- B. 1-2 years ☐
- C. 3-4 years ☐
- D. 5 years and longer ☐

EDUCATIONAL DETAILS

1. What is your highest level of education?
- A. Primary education ☐
- B. Secondary education ☐
- C. Tertiary education ☐
- D. Others:..... ☐
2. How would you describe your access to HIV/AIDS-related educational opportunities?
- A. Enough opportunities ☐
- B. Few opportunities ☐
- C. No opportunities ☐
3. Please list down all HIV/AIDS related conferences, workshops, qualifying and non-qualifying courses attended in appropriate columns:

Conferences	Workshops	Qualifying courses	Non-qualifying courses	Duration

ENABLING ENVIRONMENTAL ISSUES

1. Do you have any of the following HIV/AIDS Workplace components in your Ministry?

Component	Present		Absent	
	Active	Inactive	In the development stage	Nothing is going on
Ministerial HIV/AIDS Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministerial HIV/AIDS Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling & Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. [If there is an HIV/AIDS Committee in your Ministry] Please tick appropriate position grade for each member of the Committee:

Position	Grade 1	Grade 2-SP2	Grade 3 – SP3	Grade 4 - 6	Other (e.g. Minister, D/Minister, Special Advisor)
Chairperson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. What guides you in carrying out HIV/AIDS activities?

- A. I have terms of reference specific for the HIV/AIDS position ☐
- B. I have no terms of references specific for the HIV/AIDS position ☐
- C. We are in the process of drafting the terms of reference for HIV/AIDS position ☐
- D. I do not have terms of reference and nothing is going on to get me one ☐
- E. Other (specify)..... ☐

4. How would you describe the support and commitment of your Ministry's management to HIV/AIDS?

- A. Excellent support and commitment to HIV/AIDS activities ☐
- B. Good support and commitment to HIV/AIDS activities ☐
- C. Poor support and commitment to HIV/AIDS activities ☐
- D. No support and commitment to HIV/AIDS activities ☐

5. **How would you describe management's involvement in HIV/AIDS activities?**
A. Very much involved on HIV/AIDS matters ☐
B. Involved on HIV/AIDS matters ☐
C. Less involved on HIV/AIDS matters ☐
D. Not involved on HIV/AIDS matters ☐
6. **Does management at your Ministry do any of the following?**
A. Ask you to update them on issues relating to HIV/AIDS ☐
B. Ask you to clarify issues relating to HIV/AIDS ☐
C. Ask you to make HIV/AIDS inputs on ministerial statements ☐
D. Ask you nothing relating to HIV/AIDS ☐
7. **How would you describe your access to management in your Ministry?**
A. Access to top management ☐
B. Access to middle management ☐
C. Access to lower management ☐
D. No access to management ☐
8. **How would you describe budget allocation for HIV/AIDS activities in your Ministry?**
A. Specific budget line for HIV/AIDS ☐
B. No specific budget line for HIV/AIDS ☐
C. No budget for HIV/AIDS ☐
D. Do not know if there is a budget for HIV/AIDS or not ☐
9. **What is your involvement in budget formulation?**
A. Always get an opportunity to budget for HIV/AIDS ☐
B. Limited involvement ☐
C. No involvement at all ☐
D. Others:..... ☐
10. **How would you describe your access to financial resources when you need it?**
A. Easy access to financial resources ☐
B. Struggle to get financial resources ☐
C. No access ☐
D. Others (specify)..... ☐
11. **Which of the following physical facilities is available at your disposal? You can select as many as possible.**
A. Own office space ☐
B. Shared office space ☐
C. Computer with internet ☐
D. Computer without internet ☐
E. Telephone ☐
F. Fax ☐
G. Access to transportation ☐
H. Others:..... ☐
12. **How do other staff members regard you?**
A. They regard me as an important person in the field of HIV/AIDS ☐
B. They don't regard me as an important person in the field of HIV/AIDS ☐
C. They call me Ms/Mr AIDS, Condom or the AIDS' person ☐
D. They don't bother about anything I do ☐
E. Other (specify)..... ☐

13. How would you describe your access to HIV/AIDS-related information?

- A. Excellent
- B. Good
- C. Average
- D. Poor
- E. Very poor

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GENERAL ISSUES

1. How do you describe your HIV/AIDS-related work?

- A. Exciting, challenging and rewarding.
- B. Has its moment, but sometime it is routine.
- C. Mostly routine
- D. Anyone can do it

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2. What influence do you have in your Ministry?

- A. Staff members listen to what I have to say about HIV/AIDS
- B. Staff members seek information on regular basis about HIV/AIDS
- C. Staff members sometimes listen to me, sometimes they don't listen
- D. Staff members do not listen to me when I talk about HIV/AIDS

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3. How do you feel about your association with HIV/AIDS activities?

- A. Comfortable to be associated with the fight against HIV/AIDS and it is so rewarding
- B. Sometimes feel comfortable sometimes feel uncomfortable
- C. Feel uncomfortable because some people think I am also HIV positive

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4. How do you feel about being an HIV/AIDS Focal Person?

- A. Feel proud of what I am capable of doing
- B. Feel good but I am not confident about what I should do
- C. Feel bad because I don't have the capacity to do what I am supposed to do
- D. Not happy about the whole thing
- E. Other (specify).....

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5. How do you feel about taking HIV/AIDS as an extra activity?

- A. I don't mind as long as I am able to do it
- B. Too much work with no reward
- C. I am not interested in HIV/AIDS activities
- D. Others (specify).....

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6. What is so interesting about being an HIV/AIDS focal point? (select all relevant points)

- A. Learning opportunities
- B. High level of exposure to decision makers and implementers
- C. Personal growth
- D. Travelling to different parts of the country and world
- E. Building personal capacity
- F. Improving interpersonal communication
- G. Strategic thinking and influencing skills
- H. Challenging
- I. Worthwhile
- J. Nothing
- K. Others:.....

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7. Is there any change you would like to propose in your position as a focal point?

8. Please conclude this questionnaire by recording all your challenges, concerns, success that you have experienced as a focal point.

Once again, thank you for your time and cooperation!